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ABSTRACT

The second of three books written for parents, professionals, and others involved in educating severely and profoundly retarded children offers detailed information regarding educational programing in the public schools. Two chapters on the public schools and one chapter on residential institutions contain sections which address the following topics: child find systems; evaluation, classification, and placement decisions; due process; modification of school services; setting life-long goals; curriculum; the individual educational plan; effective teaching methods; monitoring and recording student progress; basic components of a public school parent training program; placement, educational programing, professional staff, and parent involvement in residential institutions; and effects of the Education for All Handicapped Children Act on school programs within residential facilities. (SBH)

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BOOK

2

THE PARENT/PROFESSIONAL PARTNERSHIP:

CLASSROOM PROGRAMMING:

WHAT SHOULD BE TAUGHT?

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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National Association for Retarded Citizens
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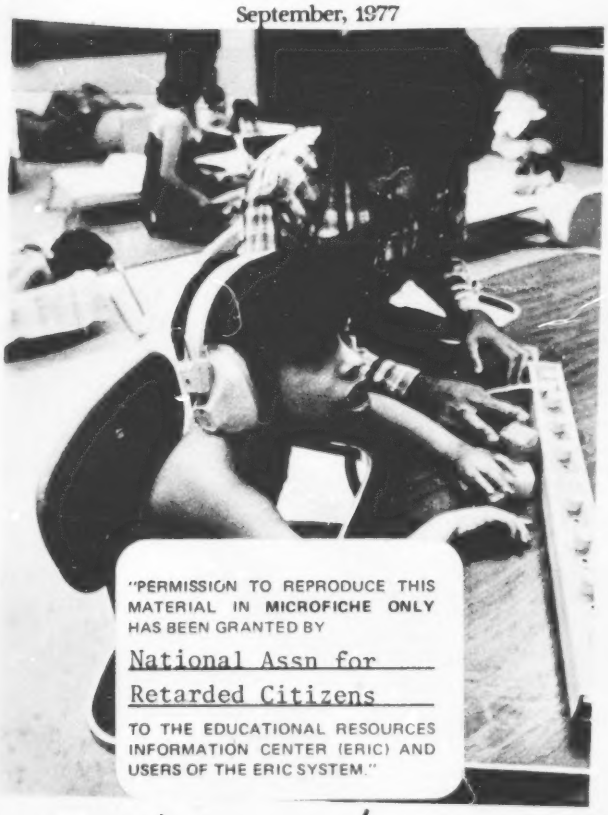

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Preface

Many attempts have been made to define what mental retardation is, but the most widely accepted definition today is that of the American Association on Mental Deficiency (AAMD). It was adopted by the Organization in 1973, and it states:

> "Mental retardation refers to significant sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period."

If some of these terms are unfamiliar to you, they can be explained as follows:

SUB-AVERAGE GENERAL INTELLECTUAL FUNCTIONING: Falling below 97% of the population on standardized tests of global intelligence (tests which attempt to measure vocabulary, comprehension, memory, reasoning, judgement and visual-motor functions).

ADAPTIVE BEHAVIOR: The ability to adapt to and control one's environment, usually defined in terms of maturation, learning and social skills.

DEVELOPMENTAL PERIOD: The period from conception to about 16 years of age.

Since there are varying degrees of mental retardation, experts have tried to classify them into several different levels. One system of classification divides the degrees of mental retardation into three classes: educable, trainable and sub-trainable. This system of classification has been used in the field of education for some time. However, there are some negative aspects to it. When a person is classified "sub-trainable," the label implies that this individual may be so retarded that he can't learn. This is a misconception because *everyone* has the capacity to learn. Some just learn more quickly than others.

Another classification system that is more widely accepted and does not have negative connotations is the following:

Mild: Mildly retarded individuals make up about 89 percent of all mentally retarded people. With proper education and training, they can function independently in society with only occasional assistance in social, financial and legal matters.

Moderate: Moderately retarded individuals represent about 6 percent of all mentally retarded people. Their mental handicap is usually detected by the time they reach school age. With special education and training these people can usually learn to live semi-independently in the community in group homes or supervised apartments. Some may be able to compete in the labor market, while others will be more successful in sheltered employment.

Severe: Only about 3-1/2 percent of all mentally retarded persons are severely retarded. These people are capable of learning how to take care of their daily needs like eating, dressing, bathing, toileting, grooming, and personal hygiene. With special training, most of them can work productively in supervised settings. Some are residents in public and private institutions and others live at home or in community-based residences.

Profound: Profoundly retarded individuals constitute only about 1-1/2 percent of all mentally retarded people. Most of these people are capable of learning self-help skills when given highly specialized training. The earlier this training is introduced in the lives of these people, the more successful their development will be. Profoundly retarded individuals are sometimes capable of doing work in a sheltered environment. They live in institutions, at home or in supervised group-home settings.

Severely and profoundly retarded children are for the first time beginning to enroll in public schools across the country. Research has proven that these children, with proper instruction and support, are capable of learning skills and knowledge. Now they are finally going to have the opportunity to receive the help they need to develop to their full potentials. At least they *may* begin receiving it, *if* their parents, teachers and friends are prepared to work together to give it. Severely and profoundly retarded children cannot be expected to progress, if they only receive instruction from the school. Training must be carried into the home environment as well. Cooperative partnerships need to be formed between parents and professionals in order to educate severely handicapped students.

The Parent/Professional Partnership, a series of three books, was written for parents, professionals and friends who are involved in educating severely and profoundly retarded children. Hopefully, by reading the information included in this series, they can learn what they need to know to form more cooperative working relationships.

The first book, *The Right to Education: Where Are We and How Did We Get Here?*, provides a brief history of the right to education movement and general information about administration and financing of public schools. The second book, *Classroom Programming: What Should Be Taught?*, offers detailed information regarding educational programming in the public schools. The third book, *The Partnership: How To Make It Work*, presents some obstacles to productive parent/professional partnerships, and offers suggestions for establishing cooperative working relationships.

BOOK

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Chapter I

1

Educational Programming in the Public School

Every child in our country is entitled to receive a public education. There are no exceptions. Nothing can legally keep a child out of school — not race, handicaps, behavioral problems, or costs. Every handicapped student enrolled in a public school special education class should have an educational plan and program designed especially for him. This is required by law.

You will learn in this chapter how a severely or profoundly handicapped child can be placed in a public school program, based on an educational plan that will meet his special needs. You will be briefed on what to expect of the child's educational program. It should be changed as the child progresses, or modified when it isn't helping the child learn new skills. You will be informed about due process, which a child is entitled to when he has been placed in a program that isn't working for him. One of the most difficult, but important, problems you will learn to solve in this publication is setting long-range goals for a child's education. When he finishes school, what should he be able to do?

What are "child find" systems?

The physicians and specialists had all recommended that Charlie be placed in an institution. After all, there was very little that Mrs. Robbins or her husband could do. She had thought about it a long time, but she had held back. Surely there was some other alternative for him. She had had him tested time and time again, only to hear the same results — "Charlie is severely mentally retarded, Mrs. Robbins. Your only real option is to place him in an institution . . . for his sake and yours." He was growing up. It was getting more difficult to control him. She was getting tired. Perhaps it was time to do it, after all.

A few days later, Mrs. Robbins read something that changed her mind. It was an article in the local newspaper that talked about a new "child find" system that the public school district was developing. She couldn't believe it. They were actually going to be looking for children like Charlie — severely handicapped, school age children who were *not* presently enrolled in public schools. Why? Why, after all of these years of rejection, were they finally looking for Charlie?

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Mrs. Robbins' public school district was responding to some legislative activity of the U.S. Congress. In 1975, Congress enacted the Education for All Handicapped Children Act. One of the main points of the legislation was to establish that a state cannot receive funds under this Act unless it develops a "child find" system to locate children not being served in the public schools. The Act specifies that federal money should first go towards the education of these children.

> "... a state must establish: priorities for providing a free appropriate public education to all handicapped children, ... first with respect to handicapped children who are not receiving an education, and second with respect to handicapped children, within each disability, with most severe handicaps who are receiving an inadequate education, ..."

Since all states receive funding under this Act, they should be developing plans to implement "child find" systems within their jurisdictions. The U.S. Office of Education's Bureau of Education for the Handicapped (BEH) is the federal agency which is responsible to Congress for implementation of the Education for All Handicapped Children Act. BEH will rely on citizen "watchdogs" like parents, educators and concerned citizens to provide it with information that will verify the effectiveness of the various plans each state will be developing. In addition, BEH is setting up a system whereby they will monitor the implementation of the Act.

Eventually, the local school district will be responsible for seeing that all of the state and federal plans for unserved children in an area are carried out. It will be the local school district's job to reach out into the community and locate school age handicapped children who are not enrolled in public school. Children living in institutions will be easily found, but others will not be. Some parents are unaware of what is or should be offered to their children in the way of educational services. They may have given up hope years ago of ever seeing their children develop or overcome their handicaps. Any "child find" system used to reach parents of unserved children should inform parents about the new opportunities opening up for their children in public education. Discussions about the unserved child should be centered around his special needs, not on his handicaps.

Radio, television and newspapers have been successful means of reaching economically advantaged and literate families, but all parents are not easily reached by these types of media. Some cannot afford televisions or radios. Some cannot read. Others just aren't organized enough to even sit down and discuss what they can do with the new information they've heard about through the media. Oftentimes, people use public announcements as opportunities to break away from the television set to do some other activity in the home until another one of their favorite programs begins.

It is important to make information available to parents in their primary language. Any message should also be written in an interesting way that is easily understood by the parents. Most major television and radio stations and newspapers aim their programming at English speaking audiences. In order to reach many people in minority groups, it is sometimes necessary to make "child find" announcements through radio and television stations and newspapers that are geared specifically toward them.

Another approach for locating unserved mentally retarded children is to send notices home to parents through children already in school. This method has proven to be satisfactory; however, it does not reach severely and profoundly retarded children who have no relatives in school. In addition, it is not effective with parents who neither read nor take time to understand all the things children bring home from school.

House-to-house and telephone surveys are the most productive methods for scouting out unserved mentally retarded children. During the surveys, inter-

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viewers can inquire not only about children in a particular home, but also about other unserved children in the neighborhood. The major problem with surveys is that they require a tremendous amount of staff and volunteer time. Associations for Retarded Citizens, teacher organizations, other service groups and concerned citizens can be of great help to schools by volunteering their services to conduct these telephone and door-to-door surveys. Volunteers are usually more sensitive to the feelings of parents with unserved children, which may make the parents more receptive to the new programs and services their children may participate in. The use of volunteers also tends to establish more cooperative relationships between the local school authorities and the public.

One method that is extremely effective for "finding" young children in possible need of services is to establish a community-wide screening program for all infants. Most severely handicapped children can be identified in infancy. If a school system can locate a child early in his life, it can enroll him in programs that will increase his chances of developing to his full potential. A screening program can also be valuable in identifying children who are "at risk" of being mentally retarded. "At risk" means children who, if left without early educational services, may later be identified as mentally retarded. If these children are placed in educational programs at an early age, many will be able to develop normally.

For example, many children born in impoverished environments, where there is little stimulation and poor nutrition, can develop into mildly handicapped individuals. If the school and other community agencies provide adequate help for the infant and his parents, the child's handicaps can be prevented in many cases.

Once all unserved children have been "found," the local school district must contact their parents and explain to them the types of educational programs which are available. Parents should be informed about screening and testing procedures used by the school, their rights as parents, and their children's rights. The school representative should also answer any questions the parents may have during this initial contact.

Any "child find" system developed by a local school district should be evaluated by the citizens it serves. Local school authorities may be too interested in keeping the budget down and therefore not exploit all the types of communication necessary to reach every unserved child in the area. Here is a checklist to use in evaluating a local school district's "child find" program (an affirmative answer is good):

	Yes	No
1. Does the school district have a "child find" system?	____	____
2. Are all possible types of communication being used by the district to reach parents of unserved children?	____	____
____ television		
____ radio		
____ newspapers		
____ notices sent home to parents through enrolled students		
____ house-to-house and telephone surveys		
3. Are communication systems geared towards minority groups with different languages and cultural backgrounds being used to reach parents of unserved children?	____	____
4. Are all "found" children being served?	____	____
5. If not, are programs being planned for these children?	____	____
6. Will these planned programs be implemented in the next school year?	____	____
7. Are all school age children required to attend school, according to the state law?	____	____

You may be in a school district that does not have a "child find" program. If so, in conjunction with your local ARC or other citizen groups, follow these steps in the order they are listed:

1. Contact the administrative office of the local school district. Ask to speak with the Superintendent's Office. Be sure to cover these points:

(a) Does the school district have plans to implement a "child find" system?

(b) When will the plans be put into action?

(Note: Be sure and find out the first and last name of the person you speak to on the phone.)

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If no plan exists, then . . .

2. Write the state education agency, requesting information on the state's "child find" system. (See Appendix A for addresses of state education agencies.) Send copies of your correspondence to the local superintendent of schools and to the president of the board of education. Here is a sample letter to the state education agency:

Director of Special Education
Special Education Department
State Department of Education
City, State, Zip Code

Dear Director:

It is my understanding that (your state's name) must develop a "child find" system to identify handicapped children who are not being served in public schools. A state must do this in order to receive funding under the Education for All Handicapped Children Act. According to (person's name you spoke to over the phone), no plan exists in my school district. Will you please send me information on what kind of "child find" system (your state's name) is planning?

I would appreciate your cooperation.

Sincerely,

Your name
Address

cc: Local Superintendent
President of the Local Board of Education

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If you don't receive a satisfactory response, then . . .

3. Write to the U.S. Office of Education, Bureau of Education for the Handicapped. Send copies of the letter to the superintendent and school board, the state Commissioner of Education, and the State Director of Special Education. Here is the address for the Bureau of Education for the Handicapped:

   Office of the Deputy Commissioner
   Bureau of Education for the Handicapped
   U.S. Office of Education
   400 Maryland Avenue, S.W.
   Washington, D.C. 20202

Hopefully, after contacting the various officials mentioned so far, you will find out what the plans are for a "child find" system in your state and why they are being delayed.

How are evaluation, classification and placement decisions made?

John Field was angry. His severely retarded daughter, Laurie, had been "found" by the public school district's "child find" system. A local school official had contacted him and his wife, Mary, and told them that Laurie was now eligible to go to school. The official had also discussed with them all of the skills and knowledge that their daughter could possibly learn in school. They were very encouraged. So, Laurie was enrolled in school and the Fields waited for the time when they would begin to see her improve.

Instead of progress, Laurie's parents began to witness failure. She came home from school more irritable than they had ever seen her before. She was falling back into habits that they had trained her out of years ago, like wetting her pants and hitting her head on the floor. It was a nightmare. What was going on? John went to the school and demanded to know.

What John Field suspected was that Laurie had been placed in a program that was not appropriate for her needs. Placement is extremely critical in a child's educational career. Without proper placement, little progress can be expected to occur. That is why there are several steps that must be taken before a student is ever actually placed in a school program.

The first step is the formal evaluation. This is when a handicapped child is given a number of tests to find out where he is physically, mentally and socially. Most of the tests given in the formal evaluation are required by state law, but they can only be given with parental consent. Some of the tests may not reveal very much about a handicapped child. For instance, a profoundly retarded child's IQ score will yield very little information that will be relevant in the development of his educational program. However, other tests can be more meaningful. The information from medical tests may be useful in identifying physical problems which may be interfering with learning (e.g., epilepsy, hearing impairment or vision loss). Information that parents have about their child is also important. They know how he interacts with other people — what skills he uses at home.

Testing in the formal evaluation should be conducted by a team of experts who are trained in the administration of evaluation techniques. They should also have qualifications that meet the certification standards set by the state. Usually the school counselor or psychologist and the school medical personnel conduct the testing. In some cases, the school may contract with outside agencies or specialists to do either a portion or all of the evaluation. This is often the case when schools have limited staff qualified to administer individual examinations. (For a brief description of standardized tests, see Appendix B.)

After all of the results have been gathered, the team evaluates them to determine in which class the student should be enrolled. The team should assume the responsibility of involving the parents in this period of the formal evaluation. In fact, federal regulations require that parents be involved.

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There are several things the evaluation team should do when they interpret the test results for the parents.

- ★ Write the reports in clear, simple language that the parents can understand.
- ★ Make copies of the reports and give them to the parents. They will need them to refer to later when they are trying to fully understand the evaluation results.
- ★ Make sure the parents understand that no evaluation is final. Children change; errors can be made.
- ★ Be sure that the parents understand their child's abilities and potential as well as his handicaps.
- ★ Give the parents information about community services available that will help them educate their child. Tell them how to get the most out of the services.
- ★ Warn the parents that most communities do not have all of the services available that their child will need. Stress the fact that their child has a right to services.
- ★ Give suggestions on how the parents can live with the child's difficulties on a daily basis. Keep in mind that any advice should be given in consideration of the family's needs and capacity, the child's needs, and the resources of the community.

All the information gathered by the evaluation team should be made available to the parents. If for some reason they are not satisfied with the results of the placement decision reached as a result of the formal evaluation, parents have the *right* to obtain an independent evaluation. (This will be discussed in detail in the "due process" section of this chapter.)

After the formal evaluation has been made, the next step is the informal evaluation conducted in the classroom. This assessment is possibly more important because it determines what the child can actually do. The teacher, with the aid of support personnel, performs the informal evaluation which usually consists of checklists or systematic observations. From the results of the formal and informal evaluations, the teacher, parents and support personnel will decide which educational plan and program will best meet the child's needs. (The informal evaluation will be discussed in detail in Chapter II.)

Since a great number of severely and profoundly retarded students have additional physical handicaps, it is important for the evaluator to keep in mind that standardized tests are designed for people with no such handicaps. For if a child has physical handicaps, he may not score as high as he is capable of because his body limits his ability to communicate. The evaluator should be aware of the effects of additional handicaps and interpret the test results realistically to the parent.

Here is a checklist to use in evaluating the process that a school employs in placing handicapped children in educational programs (an affirmative answer is good):

	Yes	No
1. Does the school require the parents' consent prior to the evaluation?	____	____
2. Are the members of the evaluation team trained in the administration of evaluation tests?	____	____
3. Are the members of the evaluation team certified by the state?	____	____
4. Is the child tested for physical, mental and social abilities in the evaluation process?	____	____
5. Do the parents have free access to all of the information gathered in the evaluation process?	____	____
6. Does the school explain to the parents the meaning of the test results in terms that they can understand?	____	____
7. Following assessment, are parents advised of the placement options available to the child?	____	____

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What placement options should be made available to students?

After the formal and informal evaluations of a student have been completed, the teacher and parents must decide which educational plan and program will best meet the child's needs. Any program chosen for a handicapped child must be carried out in the "least restrictive environment." This is a major requirement under the Education for All Handicapped Children Act. It means that the student should learn new skills and knowledge in the most "normal" setting possible. If a handicapped individual is to function in the "normal" world, it is very important that he learn in that world, too. In addition, with declining enrollment in public schools in many communities of our nation, more classrooms are available within school buildings for non-handicapped students. It is more economically sound to educate severely handicapped students in a school building already in existence than to build a new segregated facility for them.

Every school should provide a variety of placement options including:

Regular classroom

Regular classroom with additional support within the classroom

Regular classroom with part-time special or resource room placement

Special classroom with integration into structured and unstructured activities with non-handicapped peers at least twice a day

Homebound

The least restrictive environment for a mildly retarded child might be the regular classroom with non-handicapped children. The majority of his educational programming could be conducted in this setting, with some specialized instruction coming from other professionals (speech, physical and occupational therapists, counselors, etc.). In most cases these specialists can train the regular teacher to carry out the entire program in the regular classroom, with additional support only as needed.

For a more severely handicapped student, the most normal environment possible might be a self-contained classroom within a school that serves non-handicapped children. This type of arrangement would allow the individual to receive the highly structured instruction necessary for his progress, while still allowing him to be exposed to non-handicapped children in a variety of non-academic activities like recess, lunch, field trips, plays, holiday celebrations, music, gym or the bus ride home.

Some severely handicapped children may have problems so crippling that they are medically unable to attend classes in a traditional school setting because the trip to school endangers their lives. The school *is still responsible* for the education of these children. For them, the least restrictive environment may have to be homebound or hospital classes. These educational settings are less desirable than classes in the regular school environment because of the limited amount of actual instruction time. The teacher that travels from home to home (or from one room of the hospital to the next) simply cannot provide the type of on-going instruction desirable. In these cases, it is even more important that parents know how to practice skills and exercises with their children when the teacher is not present.

Homebound or hospital instruction is appropriate only for children who are physically unable to attend classes in the public school building. Under no circumstances should the school use this type of arrangement as the *only* means of educating the severely handicapped student.

Even though it is desirable to integrate most severely handicapped children into regular school programs whenever possible, there is often resistance to do so both on the part of parents and educators. There are a number of reasons for this, one being that many parents and educators feel that they must protect handicapped children from the hard realities of life. There is also fear of a handicapped child being ridiculed or bullied by his non-handicapped peers at school.

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Resistance to integration also comes from parents and educators who are afraid that they will lose the security of being closely associated with individuals who share their concern. Teachers and parents in segregated special education programs are often afraid of being lost in the system when faced with integration in a regular school building for non-handicapped students.

All of the concerns that have been mentioned are real and must be dealt with prior to successful integration. It is natural for parents and teachers to feel that a severely handicapped child needs protection. His impairments make him so vulnerable, and he requires considerably more attention than non-handicapped children. It is easy to think that only highly trained teachers and concerned parents should be allowed in his world. However, in reality, he will benefit from being exposed to other segments of the population as well.

By observing and interacting with his non-handicapped peers, the handicapped child can learn appropriate behaviors that will help him join his fellow human beings in the mainsteam of life. He can learn to live more productively in the "normal" world by being allowed to participate in it.

Not only does the severely handicapped child learn from others, but they in turn benefit from being exposed to him. Feelings of tolerance, concern and acceptance of deviance are important lessons for everyone to learn. How can we learn these concepts by being denied the opportunity to interact with exceptional individuals?

Closely associated with the need to protect severely handicapped persons is the fear that they will be ridiculed. It has been the experience in some communities that these fears are not real if the general community and particularly the students in the public schools receive a concentrated educational program prior to integration. Non-handicapped students should be given information that gives them an understanding of handicapping conditions. The potential of handicapped students should also be emphasized. All of this information should be made part of the regular school curriculum.

Outside of the school, the general public should be made aware of the needs and potential of handicapped students. Local ARC's can begin this public awareness campaign by educating the school board, the city council, service clubs, church groups, etc. An excellent resource to use in reaching the general public is the local television station, which can air programs about the needs of handicapped children. One educational program that can be used to stimulate discussion about integration is *The Big Yellow Schooner to Byzantium*. This film shows severely handicapped students actually attending regular public schools in Madison, Wisconsin. *The Big Yellow Schooner to Byzantium* can be borrowed free of charge from the Parent/Professional Training Project, NARC, P.O. Box 6109, Arlington, Texas 76011.

The fear of being lost in the system that so many parents and special educators feel does not have to become a reality. There is no need to lose touch with professionals and parents who share the same interests and concerns in the field of special education. One way of maintaining communication is through the ARC. Parent training classes will also help.

Once a child has been placed in a program that allows him maximum contact with non-handicapped students, there are several things to consider in evaluating its effectiveness. The most important criterion to use centers around the question of progress. Is the child making the type of progress that the teacher and parents decided he should make when the program began? Is he learning? If his progress slows or stops, is the program adjusted to meet his needs? It should always be kept in mind by both the parents and the educator that all children can learn; that if learning is not taking place, the fault lies in the method used by the teacher, not in the child.

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There is another important question to consider in evaluating the placement of a child: Is the educational program conducted in the most normalized environment possible? When the child has been placed in a homebound program, the parents should consider whether or not the same skills could be taught just as effectively in a school building. They should question whether there are any medical or physical reasons which prevent their child from attending regular school. If there are no satisfactory reasons for their child being placed in a homebound program, then the parents should discuss the matter with the school.

Another important point to give serious thought to in evaluating the placement of a child is that placement is not static. What is an appropriate placement at one time may not be at another. Therefore, placements should be continually evaluated with a formal staff/parent evaluation at least yearly.

Here is a checklist to use in evaluating the placement of a handicapped child (an affirmative answer is good):

	Yes	No
1. Is the student making progress at a steady, expected rate?	____	____
2. If progress slows or stops, does the teacher refine his teaching methodology?	____	____
3. Is the placement in the most normalized environment possible while still meeting the student's needs?	____	____
4. Are placement options reviewed periodically (at least once a year)?	____	____
5. Are the parents involved in the periodic review of their child's placement options?	____	____

What is due process?

It didn't seem right to Harriet Wilson. Her daughter Nancy was profoundly retarded, but she didn't have any physical handicaps. Why did she have to be placed in a homebound program? She decided to contact her family physician and ask him if he knew of any physical reasons why Nancy belonged in the homebound program.

His answer, "No, Mrs. Wilson, I don't know why she has been placed in that program. She is perfectly healthy and able to do most of the activities required in a class at school."

After finding no reason for the placement decision made by the school, Harriet decided to call her friend who taught special education courses at a university.

The friend said, "No, Nancy definitely belongs in a program at school, not at home. She needs the exposure to other children and the highly structured instruction available in the classroom. Talk to your principal about placing her in a better program."

The principal was very evasive in the conference and did not agree to place Nancy in one of the classes at school. Harriet got the feeling that none of the teachers wanted to work with her daughter. She was hurt and frustrated. She contacted the president of her local ARC to see if there was anything else she could do.

There was. The president told her about due process and helped her begin the steps to obtain a hearing for Nancy.

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"Donnie is severely retarded, Mr. Cox. There's no doubt in my mind now. He belongs in another class where he can get the attention he needs. I don't have the training to teach him."

This is how Caroline Wood, special education teacher, began her conference with the school principal, Mr. Cox. Donnie had been placed in her class on a trial basis. She used all of the teaching skills in her repertoire, but none had helped Donnie progress. He was severely retarded, and she had been trained to teach mildly retarded students.

"I can understand your concern, Ms. Wood. I agree that Donnie would probably progress in our class for severely handicapped students, but we have a problem. His parents don't believe that he is severely retarded. Our test results didn't convince them, so I allowed them to persuade me to place him in your class temporarily."

"But he hasn't improved in my class. What can we do now? I know he would make remarkable progress if he had the appropriate training."

"Our only recourse is to sit down with his parents and see if they will agree to a change. If they won't, then we'll have to go through due process procedures."

In the past, parents had little or no voice concerning how their child was evaluated in school, what label he was given or what class he was placed in. Today, through legislation and litigation, parents have the right to due process — rules and guidelines that protect every individual's right to a fair hearing. No longer can school authorities make life decisions for a student without parental involvement. When disagreement exists between parents and school personnel over a placement decision, both parties have the right to a fair hearing before a neutral judge to air their differences. Through the due process hearing, a resolution can be reached that will provide the student with the most appropriate educational program.

What are the due process procedures that lead to a fair hearing? They should begin when the school authorities or parents disagree regarding the placement of a child. When it is the desire of school personnel to place a child in a special program or to change the program that a student is enrolled in, or to make an evaluation of a child, **the parents have to be notified. The notification must be in writing* and delivered by registered mail to the parents or guardian of the child in question. *If the parents' primary language is not English, they have the right to an interpreter/translator.*

The notification should explain to the parents what action the school wants to take and on what specific statute or regulation the action is based. The written notice should give the school's reasons for wanting to evaluate the child or change the child's placement. Any tests or reports that are relevant to the school's decision for action should be included. In addition, parents should be informed of all alternative educational options that the school district provides handicapped students.

The notification should inform the parents of their rights:

- ★ *to contest the school's action before the State Commissioner of Education, or his designee*, at a time and place convenient to them;
- ★ *to be represented by legal counsel at the hearing;*
- ★ *to examine all of the child's records, including tests and reports prior to the hearing;*

**All italicized sentences and phrases are procedures that must be provided to meet the minimum due process standards of federal law in evaluation, classification and educational placement of handicapped children. All other procedures mentioned in this discussion of due process should be required by law, but may not necessarily be.*

★ *to present evidence of their own, including expert medical, psychological and educational testimony;*

★ *to confront and cross-examine any school official who may have evidence upon which the school's proposed action is made;*

★ *to receive a complete and accurate record of the proceedings;*

★ *to appeal the decision.*

The notification should include a list of the various organizations that are available to assist the parents in connection with the hearing. It should also explain to the *parents that they are entitled to obtain an independent evaluation from the school's*. Following that explanation should be a list of agencies which perform such evaluations.

In conclusion, the written notification should outline the procedures for pursuing a hearing. A form requesting a hearing should be included with the written notification. The parents should be informed that if they desire a hearing, they should fill out the form and mail it back to the school within 14 days from the date of the notice. If the parents do not mail back the form within the 14-day period, the school authorities should send a second notice outlining the points that were included in the first notice. In addition, the second notice should inform the parents that failure to respond to the second notice within 14 days constitutes a waiver of the right to a hearing.

The due process hearing must be scheduled no sooner than 20 days nor later than 45 days after the school has received the request from the parents. The hearing officer should be the State Commission of Education, or his designee, but the officer cannot be an officer, employee or agent of the local school district.

The hearing must be an oral one that deals specifically with the parents' child (not a group of parents and children). It is usually public unless the parents or guardian request it to be closed. The hearing should be held in the local school district at a place reasonably convenient to the parents or guardian. All pertinent records must be made available to them before the hearing. *If a handicapped child is a ward of the state or his parents cannot be located, a surrogate parent must be assigned to the child to protect the child's rights.*

The decision of the hearing officer must be based solely on evidence presented at the hearing. The burden of proof rests on the school. *A transcribed record of the hearing has to be made and be available to the parents.*

Within 30 days after the hearing, the hearing officer should render a decision in writing accompanied by written findings of fact and conclusions of law. The official decision must be delivered by registered mail to the parents or guardian. Until a decision has been made official, there can be no change in the child's educational status.

Due process is important to both parents and school administrators. To school officials, due process can mean that:

- Professionals will be held accountable for their programs. This is a goal that competent professionals have diligently worked for;
- Parents and professionals will have a formal means of communication. If both parties are primarily interested in the child's welfare, then through open discussion both can become aware of the other's concerns;
- A school will be forced to design individualized educational programs for the handicapped children it serves;
- Individualization of educational programs will aid educators in finding out what resources they really need. This hard data on necessary personnel, space and money will help persuade local school boards and state legislators to appropriate adequate funds for special education programs;
- The evaluation of a student's progress will be much easier and systematic with the individualization of educational programs;
- The requirement of "openness" brought about by due process will lift the air of secretiveness that has surrounded special education in the past;
- Schools will have a means of effectively meeting the educational needs of handicapped children when there is parental resistance.

To parents, due process can mean that:

- Every handicapped child will be guaranteed an appropriate education;
- Parents will have the right to acquire an independent evaluation of their children and have their concerns reviewed by a neutral judge;
- Parents will have a mechanism to appeal decisions made by the schools. School officials may no longer make arbitrary decisions regarding educational placement of handicapped children.

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If parents find themselves going through due process in order to get their child placed in the most appropriate educational program possible, they may find this checklist helpful in evaluating the procedures they will go through (an affirmative answer is good):

	Yes	No
1. Are you advised in writing of proposed placement changes?	____	____
2. Are you advised regarding the legal base of proposed changes?	____	____
3. Are you advised of your right to contest the proposed change?	____	____
4. Are the procedures of a "due process" hearing clearly spelled out to you?	____	____
5. Are you given the right to freely inspect all of your child's pertinent records on which educational placement decisions are made?	____	____
6. Is the due process hearing conducted in the manner outlined by law?	____	____
7. Is the hearing officer a neutral party?	____	____

How can you modify school services to meet the needs of severely and profoundly retarded students?

As you know, severely and profoundly retarded children should be educated in a setting which allows for the maximum amount of contact with non-handicapped students. This means that in many cases classrooms for severely and profoundly retarded students should be in a school building that serves normal children. However, if education is to be effective a number of modifications need to be made. The traditional classroom with twenty to thirty individual student desks, a teacher's desk, a reading group table, etc., isn't conducive to the type of programming necessary for the severely and profoundly retarded student.

What, then, should a classroom for severely and profoundly retarded students contain? The answer to this question will vary according to the functioning level, age, and specific learning needs of the pupils. Generally, though, there needs to be a place for the teacher to work with a child on a one-to-one basis. There should be areas in which the teacher can conduct group instruction. There should also be areas in which the children can interact socially in play activities. In addition, there should be areas either in the room or in other parts of the building in which the children can be instructed in areas such as self-help and vocational skills. For instance, the bathroom can be utilized in teaching toileting and hand washing skills.

Another thing which should be mentioned goes beyond the actual physical modification of the school building. In the education of severely and profoundly retarded students, much educational programming can be conducted outside of the school. In teaching transportation skills, the city transportation system can be used. In teaching communication skills, the phone booth on the corner can become a classroom. When it's time to learn about clothing skills, the class can go to a downtown department store.

As a result of the varied and complex educational programs required by handicapped students, it is impossible to describe all the environments in which "schooling" is done. What should be kept in mind, however, is whether or not the learning area at school is as close as possible to the normal environment in which the skill will be used. Is the skill taught in the classroom, later moved to the normal environment in which it should occur?

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How do you set life-long goals?

Structured public school educational services for severely and profoundly retarded students are so new that even the experts don't have any clear idea as to how much progress a severely handicapped child can make given the appropriate kind of training for as long as 21 years. It is obvious then why they warn educators and parents not to put artificial "ceilings" on what the potential of these students is.

On the other hand, we must not forget that severely and profoundly retarded students *are* extremely handicapped in their capacity to learn. We must not fall into the trap of believing that these individuals can develop into fully functioning "normal" persons, if only given the appropriate services. How, then, do we set life-long goals for these people?

The goal of public schools should be to give the student the skills and knowledge to function as independently as possible in a normal community. This may sound like a cliche to most people. However, if you use functioning in the community as a yardstick in evaluating the educational goals for a student, you will find it useful. How does what the child is learning today relate to the skills he will need as an adult member of the community? Are the skills being taught to the student either a prerequisite for or an actual skill that he will need as an adult? For instance, self-help skills like eating, dressing, toileting, personal grooming and housecleaning are things that every adult needs to know how to do in order to take care of himself. Severely handicapped students benefit from learning skills such as these. On the other hand, making potholders day after day in school won't help any severely handicapped individual take on the responsibilities of adulthood.

Another problem that parents and educators will be forced to deal with is how to set educational goals for children who have not received services until late in their school-age life. This task is much different from the one of setting goals for children who come to school at a very young age and have as long as twenty-one years of school ahead of them.

How then can parents and educators make decisions concerning which among the many skills needed by the adult are the most important? The establishing of priorities becomes extremely difficult and requires careful consideration by parents and professionals alike. Consideration of what type of living arrangements the parents have in mind (group home, living at home, etc.) is important. Also important will be the assessment of what type of sheltered vocational opportunities are available in the community as well as what type of other services are offered.

The importance of coordinating educational services with other community services is particularly critical for these short-term students. It would be extremely difficult for the public schools to prepare the student for adult living when the student is in school for only a few years. Therefore, vocational rehabilitation professionals, recreation workers, and other adult service representatives from the community need to be a part of the goal setting team.

This problem brings up a number of issues that both parents and professionals need to consider. One of these is related to the "right to education" movement. Should the "right to education" include the right of every child to receive the maximum number of years of public educational services authorized by the state regardless of his age when admitted? Should an individual who enters school at age 18 have the same opportunity as one who enters as an infant? Or should the fact that he had the misfortune to be born before the schools assumed the responsibility of educating all children be a reason to penalize him? At this time, the answers to these questions are not available. However, the basic concept may be one that parents and professionals will be forced to consider at some time in the near future.

Another similar issue deals with continuing education. We know that just because a person reaches the age of 21, his ability to learn does not end. Who should be responsible for continuing education of these individuals? Is it the public school's responsibility? Or rehabilitative services? What role could community colleges play in this regard?

In answer to these questions, NARC has made the following statement:

> "... persons responsible for educational planning must view education as a continuous process applicable throughout the life cycle. Those educational institutions that have previously considered their involvement as short-term must begin modifying their programs and services to accommodate early and continuing education. Both public schools and vocational rehabilitation agencies must develop feedback systems that accurately and continuously provide information concerning student progress well into adulthood, or until the mentally retarded individual no longer needs the services of special agencies."

These and other issues should be considered very carefully by all of us who are interested in the welfare of retarded individuals, regardless of the severity of the retardation and regardless of the age of the person.

CHAPTER

2

THE PUBLIC SCHOOLS: Daily Programming in the Classroom

As many parents and concerned citizens have learned, it isn't enough to merely enroll a severely or profoundly retarded child in school and hope for the best. Too many children have spent countless years in classrooms where they have learned irrelevant or useless skills — their potential for learning wasting away. What happens in the classroom is a very crucial matter. Handicapped children have very diverse strengths and weaknesses. Each child must have an educational program that is tailored to meet his individual needs. That program should also be designed to teach the child skills that will help him live as independently as possible in adulthood.

In this chapter, you will learn what a school curriculum for severely and profoundly retarded students should entail and how to evaluate one. You will be informed about how an individual educational plan and program should be developed and evaluated. Effective teaching methods will be discussed, as well as the processes of monitoring and reporting student progress. The question of when formal education should begin and end for severely handicapped students will be explored. Suggestions will be given on how early childhood and continuing educational programs can be established in every state in the country. Finally, the school's responsibility in teaching parents to train their children in the home setting will be discussed.

What should be included in a student's curriculum?

Most parents are familiar with the term "curriculum." A curriculum is what is taught in school. Teachers mention the term in conferences with parents. Principals occasionally refer to it in meetings. But how can parents know what a good curriculum really should be? What needs to be taught in a class — especially a class for severely and profoundly retarded students?

What is a curriculum?

A curriculum is an overall educational plan for a group of students in a school. It serves as a general guide to parents and teachers as to what a group of children should be taught in the classroom. Every public school should have a curriculum specially designed for its severely and profoundly retarded students. Curricula tend to vary in their levels of sophistication. Some are longer than others. They can be written in different forms. Sometimes they use different terminology.

Unfortunately, there is presently no ideal curriculum for severely and profoundly retarded students. Many isolated attempts are being made to develop one — some are showing positive results; others are failing. This is because education for severely handicapped students is still in its embryonic state. Educators are finding that teaching techniques are proving to vary in their degrees of effectiveness. The potential of these students isn't really known yet. With these uncertainties, the school curriculum for severely handicapped children of today should be flexible enough to allow for possible change in the future. Flexibility can be ensured by evaluating a curriculum on at least a yearly basis to see if it is still appropriate for the students. Carefully maintained records of students' progress can be used as an indication of the curriculum's effectiveness. If there are weaknesses, then it should be modified. If students can function at higher levels than the curriculum predicts they can, then new content should be developed. Conversely, if the material contained in the curriculum is too complex, then it should be simplified.

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What should a curriculum be based on?

Although presently there is no ideal curriculum for severely and profoundly retarded students, there are some that have proven to be more effective than others. These curricula are based on child development research. This research has proven that severely and profoundly retarded children learn in a way similar to non-handicapped children. The sequence of development of a profoundly retarded child can be predicted in the same manner that a "normal" child's can be. Both will learn to roll over before sitting or to stand alone before walking.

One main difference is that the non-handicapped child will usually learn with very little help, while the profoundly retarded youngster will learn slowly and need precise, highly structured instruction. Another difference is that many severely handicapped children have uneven development (this is true for some normal children as well). For instance, a mentally retarded child with a moderate to severe hearing loss may never learn to talk or communicate without a special apparatus, such as a communication board. This child may at the same time, however, show relatively rapid growth in other areas, such as physical development. Ultimately, a severely or profoundly retarded individual cannot be expected to learn as much as a non-handicapped person, particularly abstract and complex knowledge.

How can you tell whether or not a curriculum is based on child development research?

The way a curriculum is organized is an indication of whether or not it is based on child development research. The vast amount of research that has been conducted in child development has given educators a distinct picture of how children grow and learn. They know the order in which a child usually learns behaviors — what skills are prerequisite for others — how simple behaviors precede more complex ones. With this knowledge, it is possible for educators to know what general areas (or domains) of learning should be contained in curricula for severely handicapped students. (This is why any school personnel who develops curricula for these children should have an in-depth understanding of child development.) Any curriculum based on child development will be divided into general domains of learning. Children usually progress in all of them simultaneously.

Although there are other ways of classifying the various learning domains, here are some of the more common names used to describe them:

- Expressive and Receptive Language Development (talking, listening, etc.)
- Gross and Fine Motor Skills (development of a student's body and senses)
- Self-Help Skills (dressing, eating, toileting, etc.)
- Social and Affective Skills (getting along with other people, table manners, etc.)
- Cognitive Skills (counting, telling time, music, etc.)

Most curricula based on child development research list under each domain the various skills students should learn. These skills are further broken down into very small steps, starting from the simplest step to the most complex. In some cases, the steps can be divided even further, into sub-steps to make the skill easier for the student to learn. After all, it is simpler to first try learning how to stand than it is to try learning to walk all at once. Following is a small section taken from the **Teaching Research Curriculum for Moderately and Severely Handicapped*; it will give you an idea of how a curriculum can be organized:

H. D. Fredericks, et al., *The Teaching Research Curriculum For Moderately And Severely Handicapped*, (Springfield, Illinois: Charles C. Thomas, 1976).

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Area: Gross Motor

Skill: Walking — Independent Movement — Nongrasping Reflex

Terminal Behavior: Child moves forward bearing his own weight without physical support.

Phase 1 Child wears harness, is supported by therapist and moves forward bearing own weight.

Phase 2 Child wearing harness moves forward bearing own weight without support by therapist.

Phase 3 Child moves forward bearing his own weight without physical support.

In each of the above four phases the following steps are utilized:

STEPS

1. Distance:	2 feet
2. Distance:	3 feet
3. Distance:	4 feet
4. Distance:	6 feet
5. Distance:	8 feet
6. Distance:	10 feet
7. Distance:	13 feet
8. Distance:	16 feet
9. Distance:	20 feet
10. Distance:	25 feet
11. Distance:	30 feet
12. Distance:	40 feet
13. Distance:	50 feet

This example is taken from a curriculum that is organized into areas of learning, skills, terminal behaviors, phases and steps. Notice that the phases are listed from the simplest phase to the most complex. As the student learns each phase, he gets closer to achieving the skill of walking. The steps listed in this section give the teacher and parent a measurement as to how long to keep a child on a phase before he goes on to the next one. In other words, the child should be able to do phase one for 50 feet before he is taught phase two.

What should be the goal of a curriculum for severely and profoundly retarded students?

The goal of any school curriculum for severely and profoundly retarded students should be to teach the children how to live as independently as possible in our society. If this goal is realized, each student is assured of a more normal lifestyle as he grows up. Since a severely retarded child does learn very slowly, it is important that his time and energies not be wasted on learning things that will not help him gain independence.

When parents and teachers evaluate a curriculum, they can use the goal of independence as a measuring stick. If a skill is necessary for adapting in our society, then it is necessary for the student to learn in school. By simply analyzing what any of us need to know in order to take care of ourselves, parents and teachers can determine what should be included in a curriculum for severely and profoundly retarded individuals. People must be able to communicate with each other. Everyone needs to be able to feed, dress and groom themselves. We have to be able to move around either by use of our own two feet or some other means. It's to our advantage to know how to spend leisure time, too.

When evaluating a curriculum it is important to keep certain questions in mind. Do the skills and knowledge listed in this curriculum help the student learn to be a more independent person? Will they help him live a more normal life in our society? In the past, not all curricula for severely and profoundly retarded students fulfilled these requirements. Children were taught how to make pot holders, walk in line, or occupy themselves in other meaningless ways. Many of these activities were designed to help the teacher and other staff manage the children. Some curricula had no goals except to occupy the student's time.

Are there any other functions of a curriculum?

A curriculum should be designed so that it can be used as a tool in an informal evaluation of a student. Teachers and parents should be able to use it to find out what a student can actually do. It should also be designed to serve as a guide in developing an individual educational plan for a student.

For instance, in the section taken from *The Teaching Research Curriculum For Moderately and Severely Handicapped*, a teacher can evaluate how well a child has learned to walk by testing him on each phase listed under that skill. If the child can do all but the last phase, then he obviously needs to learn that phase. When the teacher uses the curriculum in this way, he is using it as an evaluation tool.

Once the teacher and parent have used the curriculum to determine at what level a child is functioning with respect to a given skill, they can use the curriculum as a guide in developing the student's individual educational plan. For example, when the

teacher and parents learn that the child can do all but the last phase listed under the skill of walking, they know that his educational plan should begin at this point. They go through all of the other skills listed in the curriculum in the same way — determining what the child can do in each one and writing down what he needs to learn next.

While the curriculum does contain information on what to teach a child, it should not be considered the same as the child's individual educational plan. It can only be used as a guide in developing one. Each student will most likely be functioning at different levels in the skills listed in a curriculum. Therefore, each student's educational plan and program will differ. Gone are the days when a teacher could teach the same skill at the same time to all of the students in the class.

Following is a checklist that can be used to evaluate curricula for severely and profoundly retarded students (an affirmative answer is good):

	Yes	No
1. Is the curriculum based on child development research?	____	____
2. Is each skill listed in the curriculum necessary to aid the student in learning how to live as independently as possible in our society?	____	____
3. Does the curriculum contain all of the areas of learning that a child needs to grow in (self-help, communication, motor skills, etc.)?	____	____
4. Can the curriculum be used as an evaluation tool in a student's informal evaluation?	____	____
5. Can the curriculum be used as a guide in developing individual educational plans for students?	____	____
6. Is the curriculum flexible enough for possible change (avoids placing artificial limits on what the student is capable of learning)?	____	____

The Individual Educational Plan — What is it and How is it Developed?

In the past, all mentally retarded children in a given class had the same educational program. It didn't matter whether a student had more or less knowledge and skills than other members of the group. If the class was learning to count money, then all members had to go through the motions of learning the skill, even if some of them already knew how to do it or others weren't ready to learn. Since there were vast differences in the needs and educational experiences of handicapped children, it was finally realized that this approach was unsatisfactory.

Today, it is increasingly recognized that educational services for mentally retarded children should be individualized. This goal can be achieved through the use of a written individual educational *plan*. This document should clearly state learning objectives for the student, outline progressive steps needed to meet the objectives, and give a time frame for the achievement of the objectives.

The individual educational plan of each student in a class should differ in content. This is because every child is different. In a class, there may be two children who are at approximately the same level in learning dressing skills (e.g., both are learning to put on socks), but may be at very different levels in developing their basic language capabilities. One child may have progressed to labeling familiar objects, while the other may need help on learning how to imitate sounds. The point is that each child should be taught skills and knowledge at his own pace at whatever level he is performing.

Who develops the individual educational plan?

The individual educational plan should be developed by a multi-disciplinary team made up of the teacher, parents and support personnel (e.g., the principal and the physical, occupational and speech therapists). While it may seem that these types of activities require a great deal of the child's time, they can be

integrated with the rest of the overall program. In fact, in cases where all members of the team are in close communication, one professional can reinforce the work of the other. If the student is receiving services from other agencies (such as a mental retardation center), then they too should be asked for any valuable information they may have on the child.

Each member of the multi-disciplinary team brings specialized information with him that is useful in developing the student's educational plan. The medical personnel's data will be different from the teacher's. The parent's knowledge of the child will differ from the physical therapist's. Hopefully, all these individuals will be able to contribute what is needed to make up a comprehensive educational plan for the student.

What's involved in developing an individual educational plan?

The plan should be based on informal and formal evaluations of the student made by the multi-disciplinary team, guidelines from the curriculum, and other relevant information on the child. The formal evaluation (discussed in Chapter 1) consists of standardized tests which compare the handicapped student's abilities with those of normal children of similar age. It also includes any other formal testing done on the student, such as a medical examination.

In contrast, the informal evaluation is made up of observations made by the skilled teacher, parents and other members of the multi-disciplinary team. The informal evaluation attempts to answer questions about what the child can do. What abilities does he have? How does he best learn? That is, does he learn tasks easily when they are presented to him with only verbal instructions, or does he respond better when the words are accompanied by some kind of demonstration by the parent or teacher? Does his vision or hearing limit his ability to respond to visual or verbal instructions? Does he require physical assistance in order to learn the movements of a given task? What skills does he need to learn? Does he need any help in remembering the things he already knows? The answers to these types of questions can be extremely helpful to the multi-disciplinary team in developing the educational plan.

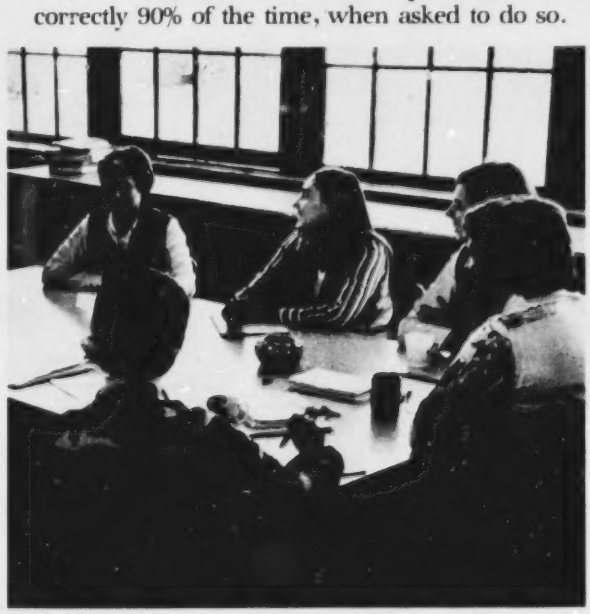
To conduct the informal evaluation, the teacher has several resources available to help him assess a student's abilities. He can use the curriculum, one of many commercially available checklists or make up his own checklist. If he elects to do the latter, the checklist should include all of the areas of learning (i.e., language, motor, self-help, social and cognitive) that children are known to progress in. The areas of learning should be stated in terms of specific skills and the skills should be broken down even further.

The teacher can use checklists or the curriculum by simply testing the child on each area of learning to see how much he can do of each skill listed (see curriculum section, p. 16). He can see the child do many of the skills in activities at school. At times, it may be necessary for him to directly ask a child to do a task. For example, the teacher may need to know how well Johnny has learned to dress himself. Since Johnny would not normally use all of his dressing skills at school, the teacher may have to ask him to undress and then dress again, observing his behavior carefully.

After the informal and formal evaluations have been completed, the team has enough data to formulate an appropriate plan for the student. It should be stressed that evaluations of a child are irrelevant unless they are used in developing the educational plan.

In the written educational plan, the team states at what level the student is functioning in each area of learning listed in the curriculum. Learning objectives are also included in the plan. These objectives should be stated separately in behavioral terms that can be understood by all members of the team and easily measured for progress. A good example of a learning objective written in behavioral terms could be the following:

"The student will be able to put on his coat correctly 90% of the time, when asked to do so.



This goal should be accomplished within two weeks after instruction begins."

This statement is very concrete and clear about what task is to be learned; how well it is to be learned; and how long it will take to be learned. These criteria can be used to measure the student's progress. In contrast, here is an example of a poorly written learning objective:

"The student will learn appropriate dressing behavior." This learning objective gives no criteria to measure progress. It simply isn't very specific about what is to be taught to the child.

If "appropriate dressing behavior" is the objective, then those behaviors should be spelled out (i.e., the child will be able to independently put on socks, pants, jacket, T-shirt, and shoes). If the desired objective of putting on a coat is stated in behavioral terms, the child's successful attempts can be clearly counted. He either does or doesn't put on his coat successfully 90% of the times he tries to do so. If he doesn't achieve his goal within a certain time frame, then the teacher and parents have an indication that something is wrong; progress is not being made within a reasonable time frame.

The multi-disciplinary team takes several things into consideration when deciding what a student's learning objectives should be for the school year:

1. *the child's past performance in the acquisition of skills;*
2. *what the parents view as the most important things the student should be taught.* For example, the parents may see basic self-help skills as being highly important in their lives with the child. They may want a concentrated effort in this area rather than in others like cognitive or language skills; and
3. *the child's specific areas of strengths and weaknesses.* For example, a non-ambulatory child with cerebral palsy may make very slow progress in the area of motor development because of his handicaps. He may not be expected to progress as fast in this area as in others, and this should be reflected in the setting of goals. On the other hand, this same child may show strength in the area of receptive language development, and may be expected to make marked progress in it.

In addition to learning objectives, the individuals responsible for carrying out the educational plan should be noted in the plan. Their duties and the time they have to achieve the long- and short-term objectives should be written out clearly. This makes the execution of the educational plan much smoother. Everyone knows what he should be doing to help the student achieve the learning objectives during the school year.

Specific therapeutic services that are to be included in the child's educational program should also be written down in the plan. These things might be occupational, physical and speech therapies, depending on what the student needs.

What should the relationship be between the individual educational plan and the life-long goals for a student?

Life-long goals should be viewed as something for the student to achieve after receiving a high quality education for his entire childhood and adolescence. While it is true that we don't really know what severely and profoundly retarded individuals are capable of learning, we can make some predictions. For example, a severely retarded child with no extreme physical impairments, might be able to live semi-independently in adulthood, living in the community and working in a sheltered vocational setting. It all depends on the individual. For some, this may be too much to expect and for others, not enough.

The educational plan for a student at any given time should be in harmony with that person's life-long goals. Professionals and parents must be asked to defend their choices of short-term objectives in terms of how they fit into the student's future. Is teaching the child to walk in line really relevant? If so, how? Does four hours a week of coloring really help the child achieve more independence?

What is an example of an individual educational plan?

David is a teenage severely retarded boy. His educational plan is presented to help you better understand the process involved in developing an educational plan geared toward an individual's needs.

At the beginning of the current school year, David was thirteen years, 11 months old. He was tested early in September by the school psychologist using the Stanford-Binet Intelligence Scale. The psychologist reported that David's IQ was 32 and his mental age was 3 years, 5 months. This placed David in the severe range of mental retardation.

David lives at home with his parents and two older siblings. Prior to enrollment in the public school at the beginning of last year, David attended a day training center. He was enrolled in the center for three years.

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When David first entered the public school program, he was totally dependent on others for dressing. He would often sit in the corner and would resist any physical contact from the teacher or any other adult that might approach him. He was not toilet trained. He often displayed self-mutilating behavior such as hand-biting and head-banging.

When David entered school this year, his teacher informally evaluated him utilizing a checklist contained in the curriculum. This was done to determine where David was currently functioning in the areas of self-help, motor, language and social skills. The results of this informal evaluation are summarized below:

Self-help:

Dressing — Can remove socks, pants, jacket, T-shirt and shoes.

Cannot independently put on socks, pants, jacket, T-shirt and shoes.

Eating — Can eat finger foods unassisted and use a spoon. Can drink from a glass.

Cannot eat with fork or spread with a knife.

Toileting — Can use toilet at scheduled times.

Cannot go to toilet unassisted — has frequent "accidents."

Personal Hygiene — Cannot wash hands, brush teeth, etc., unassisted.

Motor:

Gross-Motor — Can walk up an inclined surface and stairs unassisted.

Cannot ride a tricycle or walk on balance beam.

Fine-Motor — Can string large beads and mark with a pencil.

Cannot cut with scissors.

Language:

Receptive — Can identify simple objects by pointing (e.g., ball, pencil, dog, etc.).

Cannot match pictures to objects.

Expressive — Can label simple objects (e.g., ball, dog, light, cat, etc.) and imitate word chains of four words.

Cannot volunteer verbal answers.

Social:

Does participate in some parallel play activities.

Cannot participate in group activities cooperatively.

Other:

David displays frequent self-mutilating behavior (hand-biting and head-banging). He also resists physical contact from adults.

Note that the first skill listed under each area of learning is the most complex task David can do on the informal evaluation checklist. The second skill listed is the least difficult task that he cannot do. In this way, we can see the current level of David's functioning in each of these areas.

Following the informal and formal assessments conducted by school personnel, David's teacher contacted his parents and arranged for a meeting. In addition to the parents and teacher, this meeting was attended by David's physical therapist, occupational therapist, language development specialist, the school psychologist, and the building principal. During this meeting, each person in attendance offered information on David's current level of functioning. In addition to discussing assessment information, the purpose of this meeting was to develop an individual educational plan for David.

David's plan contains the long-term or annual goals which are to be accomplished with him. In addition to these annual goals, his plan also contains short-term objectives. Each of these is followed by a complete task analysis (see section on teaching methods). Also contained in David's individual educational plan is a listing of reinforcers which have proven to be effective with David. For example, David does not respond as well to social praise as do many other students. He does, however, respond well to primary reinforcers, such as candy like "M&M's". He also enjoys playing with a musical jack-in-the-box. This can be used as a motivational tool. Also contained in David's plan are forms which will be used to gather progress data (similar to the ones which appear later in this booklet on p. 33).

The next few pages contain a summary sheet of David's annual individual educational plan, plus a plan for the first six weeks of the year. You will note the parents, teacher and other specialists signed the form indicating agreement on the selected learning objectives. David's parents received a copy of this form along with detailed task-analysis and data-gathering forms (both discussed later in this chapter). David's parents agreed to work with him in the home using techniques similar to those used in school. After the first six weeks the parents and school personnel will meet to re-evaluate the plan.

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Date Plan Started: Sept. 1, 19 .
Date to be completed: May 30, 19 .

Student's Name: David

Program Objectives for the current school year:

Self-Help:

Dressing — Will be able to pull up and fasten pants. (Jan., 19)
Will be able to put on jacket and shoes. (Mar., 19)
Will be able to unbutton and remove coat. (May, 19)

Eating — Will be able to eat with fork. (Jan., 19)
Will be able to drink from glass. (Jan., 19)
Will be able to spread with knife. (May, 19)

Toileting — Will be able to use toilet independently. (Jan., 19)

Personal Hygiene — Will be able to wash hands independently. (Mar., 19)
Will be able to brush teeth independently. (May, 19)

Motor:

Gross-Motor — Will be able to ride tricycle independently. (Oct., 19)
Will participate in group play activities (simple group games involving walking in a circle, following the leader while crawling, walking, jumping . . .). (Oct., 19)
Will walk on six-inch-wide walking beam holding one hand. (Jan., 19)
Will move hands and feet appropriately in response to simple rhythm. (May, 19)

Fine-Motor — Will be able to cut with scissors. (May, 19)

Language:

Receptive — Will be able to point to pictures of simple objects when asked. (Oct., 19)
Will be able to match pictures to objects. (Jan., 19)
Will be able to follow three-concepts commands. (May, 19)

Expressive — Will be able to volunteer one word verbal answer when asked to identify simple objects. (Jan., 19)
Will be able to express himself in simple sentences. (May, 19)

Social:

Will participate in cooperative reciprocal play activities with one other child. (Oct., 19)
Will participate in cooperative reciprocal play activities involving sharing and taking turns with a group of children. (May, 19)

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Educational Plan

Student's Name: David

Date Plan Started: Sept. 1, 19

Date to be Reevaluated: Oct. 15, 19

Learning Area	Learning Objective	Schedule	Responsibility	Comments or Special Instruction
Self-Help: Toileting	Will be able to respond to question, "David, do you need to go to the toilet?" when asked 5 minutes before regulated period, indicate need, and be taken to toilet.	8:30- 8:45 a.m. 10:45-10:55 a.m. 12:30-12:40 p.m. 2:30- 2:40 p.m.	Ms. Samson (Teacher)	David is toilet regulated - work on indication of need to go to the toilet should begin.
Dressing	Will be able to pull up and fasten pants when asked to (following toileting).	8:45- 9:00 a.m. 10:55-11:00 a.m. 12:40-12:45 p.m. 2:40- 2:45 p.m.	Ms. Samson	Following toilet, David will be asked to pull up and fasten pants. Initially, David may need special help fastening his pants.
	Will be able to put on socks, T-shirt and pants.	2:00- 2:30 p.m.	Mr. Bradford (Teacher's Aide)	Intensive dressing sessions will begin with putting on socks and over-sized T-shirt. By end of period, David should be able to put on his own size T-shirt.
Personal Hygiene	Will be able to turn on water, wet and soap hands independently. (Should need help with washing, rinsing, drying and disposing of towel.)	9:00- 9:15 a.m. 11:00-11:10 a.m. 12:45-12:50 p.m. 2:45- 3:00 p.m.	Ms. Samson	Following dressing instruction in toilet, David will begin instruction in hand washing. Will initially need some help in turning on water, wetting and soaping hands.
	Will be able to turn on water, wet toothbrush and put toothpaste on brush with assistance. (Should need help with brushing, rinsing mouth and cleaning toothbrush.)	12:50- 1:00 p.m.	Mr. Bradford	Following eating, intensive tooth brushing instruction should begin. Reinforce work on turning on water, wetting and soaping hands (Personal Hygiene, first objective).

Learning Area	Learning Objective	Schedule	Responsibility	Comments or Special Instruction
Eating	Will be able to use fork to spear food and carry food to mouth.	11:45-12:30 p.m.	Ms. Millard (Student Teacher)	Cafeteria worker has agreed to cut David's meat into bite-sized portions. David will initially need work in transferring from eating with spoon.
	Will be able to drink juice from a glass.	10:15-10:45 a.m. 11:45-12:30 p.m.	Ms. Millard Ms. Millard	
Language:	Will be able to volunteer one word verbal answer when asked to identify spoon, fork, socks, pants, soap and shirt (real objects).	1:00- 1:30 p.m.	Ms. Samson	Intensive instruction conducted during scheduled session. Use real spoon, fork, socks, pants, soap and shirt as cues.
		Dressing Session (see above)	Ms. Samson	During dressing sessions, David will be asked to identify socks, pants and shirt.
		Eating Sessions - lunch and snack (see above)	Ms. Millard	During eating sessions, David will be asked to identify spoon and fork.
		Personal Hygiene (see above)	Ms. Samson	During hand-washing instruction, David will be asked to identify soap.
	Will be able to point to picture of spoon, fork, sock, pants, soap and shirt when presented with the verbal cue, "Find the _____."	1:00- 1:30 p.m.	Ms. Samson	When David has reached criteria on verbal labeling objects, he should be asked to identify pictures of these objects.
	Will be able to volunteer the word verbal response when asked to identify pictures of spoon, fork, sock, pants and shirt.	1:00- 1:30 p.m.	Ms. Samson	While instruction on Language objective 2 is being conducted, reinforce David's object-labeling behavior by asking him to respond to the question "What is this?" after he has correctly pointed to the picture of the object.

Learning Area	Learning Objective	Schedule	Responsibility	Comments or Special Instruction
Motor:	Will ride tricycle independently for several minutes.	3:00- 3:30 p.m. (T, Th) 1:30- 1:45 p.m.	Ms. Lewis (Physical Therapist) Mr. Crawford (Gym Teacher)	
	Will participate in group play activities (simple group games involving walking in a circle, following the leader while crawling, walking, jumping).	1:45- 2:00 p.m. 9:45-10:15 a.m. (T, Th)	Mr. Crawford Ms. Miller (Music Teacher)	Special emphasis on cooperative reciprocal play activities with other children and imitation of motor activities.
	Will cut out large, simple geometric forms using scissors.	3:00- 3:30 p.m. (M, W, F) 9:45-10:15 a.m.	Mr. France (Occupational Therapist) Ms. Cunningham (Art Teacher)	David will initially require special scissors which allow instructor to assist.
	Will walk on 6-inch-wide walking beam holding one hand.	3:00- 3:30 p.m. (T, Th)	Ms. Lewis	
	Will move hands and feet appropriately in response to simple rhythm.	9:45-10:15 a.m. (T, Th)	Ms. Miller	Simple rhythmic response to music - clapping, shaking rattle, etc.
Social:	Will participate in cooperative reciprocal play activities with one other child.	9:15- 9:45 a.m. 9:45-10:15 a.m. 1:45- 2:00 p.m.	Mr. Bradford Ms. Miller Mr. Crawford	Special emphasis on reinforcing cooperative play during recess, gym and music class. In addition all staff should pay special attention to reinforcing David **whenever** positive contact with other children occurs.

Learning Area	Learning Objective	Schedule	Responsibility	Comments or Special Instruction
Other:	During the initial week, observation of David's self-mutilating behavior indicated he engages in arm-biting and head-banging behaviors frequently during times of inactivity. All staff should place special emphasis on reinforcing incompatible behaviors.			

Plan developed by:
Mrs. Davy
Ms Sanderson

Plan reviewed by:
Mrs. Malone
Mr. Malone

The following is a checklist to use in evaluating an individual educational plan (an affirmative answer is good):

	Yes	No
1. Is there an individual educational plan for each student in a class?	____	____
2. Are individual educational plans developed in concert with the student, the student's family, school personnel and persons from other agencies who may be serving the child?	____	____
3. Does the plan contain a statement of the child's present level of functioning in each area of learning?	____	____
4. Is that statement based on data obtained from the formal and informal evaluations of the child?	____	____
5. Does the plan contain learning objectives?	____	____
6. Does the plan describe any special services needed by the student, including such things as occupational, physical and speech therapies?	____	____
7. Do educational plans differ among students?	____	____
8. Is the educational plan developed from data obtained through formal and informal evaluations of the student?	____	____
9. Are the objectives in the plan stated in behavioral terms that are understandable by all persons?	____	____
10. Is progress in achieving the learning objectives measurable?	____	____
11. Are the learning objectives to be accomplished within a stated time frame?	____	____
12. Does the plan specify the roles and duties for each person involved in the education of the student?	____	____
13. Is the relationship between current objectives and lifelong goals evident in the individual educational plan?	____	____

Parents and teachers do not always agree as to which educational plan is most appropriate for a student. When this happens, the two parties should try to discuss the problem thoroughly. The parents should be given an opportunity to express their opinions. And the teacher should explain his reasons for choosing one plan over another. Usually an in-depth discussion will allow the two parties to reach an agreement.

There may be some conflicts that cannot be reconciled by this method. In these cases, both parties have a right to have an outside person hear both sides of the disagreement and make an unbiased decision based on all of the evidence presented. The right of due process applies to the development of the individual educational plan as well as to all other conflicts that can arise between the school and the parents. As discussed in depth in Chapter 1, parents have the right to appeal a school's decision from the local up to the state level, if necessary.

What are some effective teaching methods?

Every individual has the ability to learn. However, everyone doesn't learn in exactly the same way. Some people require diagrams and pictures to understand how to do something, while others might need to observe the task being performed. It is the instructor's

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responsibility to find the teaching method that works best for the student. If a child is having difficulty in learning a concept or skill, the teacher should use different techniques until one is found that works.

Recently there has been considerable controversy surrounding what approach is most appropriate with severely and profoundly retarded students. Proponents of various teaching methods based on a variety of learning theories have argued for their methods in professional journals over the past several years. Behavior modification, sensory awareness training, environmental manipulation and other techniques have been closely studied by researchers who are interested in providing severely handicapped children with the best learning situation possible.

While many of these approaches have proven somewhat successful, behavior modification techniques have shown consistent effectiveness, particularly in the areas of self-care, language, cognitive and motor development. For this reason, behavior modification is the method most widely used today in public school programs for severely and profoundly retarded students.

What is behavior modification?

Behavior modification is a teaching technique that is based upon what is known about the way people learn. Simply stated, learning means that a person's behavior (i.e., the way he acts, thinks and feels) changes over time as a result of his experiences. Some basic principles about the way people learn have been identified through years of research. Probably the most important of these principles is that learning depends upon the effect that a person's behavior has upon himself and his environment. These effects are called consequences.

If the consequences of a person's behavior are deliberately arranged, the direction of what is learned can be controlled or shaped. Several possible consequences can be used. For example, the teacher may want to teach a child to say the word "cookie." First the teacher prompts or encourages the child to make a sound like the word. When the child does, he is immediately given a cookie. Thereafter, he is not given more cookies unless he says the word with increasing clarity. In addition to giving cookies, the teacher may also smile and praise the progress the child makes. All these things that the teacher is doing are called *reinforcers* because they increase the likelihood that behaviors being taught will occur again.

A reinforcer is called *positive*, if it *is given* following a desired behavior, and the frequency of that desired behavior increases thereafter. Positive reinforcement is the easiest and most frequently used form of consequences. Many things like food, beverages, attention and praise are reinforcing for nearly all people. However, some reinforcers are more effective than others. Also, what is positively reinforcing for a child at one time may not be at another. The child that has just eaten a lot of candy may not be very interested in having any more. Therefore, the selection of reinforcers for a child must be given careful consideration before training begins.

Another type of consequence is called *negative reinforcement*. In this instance, the consequences of the behavior are arranged so that an unpleasant form of stimulation *is removed* when a child behaves in the desired way. For example, if a frowning look on the part of the teacher ceases when the child behaves in the desired way, it is likely that the child will repeat the desired behavior. Negative reinforcement is not punishment. Punishment means that a strong or unpleasant stimulation is given (not removed) when a child does something *undesirable*. Although punishment may stop the undesirable behavior, and give much relief to the person administering it, more desirable behavior is not being taught. In fact, it is usually difficult to determine just what is being learned during punishment. Thus, punishment is not the best way to teach new behavior.

How can behavior modification be used in a learning situation?

In education, behavior modification is viewed as having three basic components. The first is referred to as the *stimulus* or *cue* (a signal for the child to do something). The second is the *response* or behavior that the teacher wants the student to learn. The third is the positive or negative *reinforcement* of the behavior. In this three-step process, the teacher gives the student a cue like "Stand up, Johnny." If Johnny stands up, his action is in response to the teacher's cue. If the teacher wants Johnny to respond this way again, positive reinforcement should be given.

When a teacher uses behavior modification, he is very concerned about the types of cues or stimuli he will be giving a child. Cues for some students may be only verbal instructions. For others, cues may be given as gestures. Some children may, at least initially, require a combination of cues such as verbal instructions and gestures. The gestures may be gradually "faded" away as the need for them lessens. In any case, the cue should be a signal for the child to make some kind of response.

One problem that parents and teachers encounter with using behavior modification is that some children become "cue bound." That is, they make the correct response only when given the exact same cue. For instance, a child may stand up on the cue "Stand up, Johnny." But he will not respond in the same way to the cue "Johnny, stand." For this reason, teachers and parents should vary the cues they use, once the child has initially learned what response to give with the cue.

Any complicated behavior the teacher and parents try to help a severely or profoundly retarded student learn should be divided into smaller steps. For example, putting on a coat is a complex behavior. In order for a severely retarded child to learn it, it must be taught in steps, or simpler behaviors, such as putting the arms into the sleeves one at a time, straightening the collar, buttoning the buttons, etc. Each simple step can be taught separately, then put together to form the overall behavior of putting on a coat.

This process of dividing a complex behavior into simpler ones is called *task analysis*. The following is a task analysis David's teacher made for the learning objective -- turning on water, wetting and soaping hands (see the *Self-Help: Personal Hygiene* portion of David's individual educational plan). You will note that the task analysis goes beyond what David is expected to learn in the first six weeks of instruction. He should complete the first 10 phases during this time period. After that, he will continue to work on additional phases during the remainder of the year. (In the task analysis, "T" means teacher and "S" stands for student.)

Description of Behavior: Wetting, soaping, washing, rinsing, and drying hands and disposing of paper towel upon command.

Phase I: **T** will physically place **S** in front of sink at a distance of no less than 6".

Phase II: **T** will state the command, "Wash your hands, **S**."

S will extend right hand and touch cold water faucet with all fingers and thumb.

S will grasp cold water faucet between all fingers and thumb (right hand).

S will turn the cold water faucet on for no less than 3 and no more than 10 seconds with the right hand.

Phase III: **S** will place left hand under cold water nozzle for no less than 3 and no more than 10 seconds with palm of left hand up.

S will place left hand under cold water nozzle no less than 3 and no more than 10 seconds with back of hand up.

S will place left hand under cold water nozzle palm and back of hand up respectively while right hand is touching cold faucet (3-10 sec.).

S will place left hand under cold water nozzle palm and back of hand up respectively while right hand is grasping cold water faucet.

S will place left hand under cold water nozzle palm and back of hand up respectively while right hand is turning cold water nozzle for the 3 to 10 (3-second) period.

Phase IV: Repeat Phase III for turning with left hand and placing right hand under cold water nozzle (most to least difficult).

Phase V: **T** will state the command, "Get some soap, **S**."

S will extend the preferred hand and touch soap plunger with the palm of the preferred hand.

S will push the soap dispenser plunger in at least 1/4" two to four times with the palm of the preferred hand.

Phase VI: **S** will place non-preferred hand under nozzle of soap dispenser palm up (3-10 seconds).

S will place non-preferred hand under nozzle of soap dispenser while palm of preferred hand touches soap dispenser plunger.

S will place non-preferred hand under nozzle of soap dispenser while preferred hand pushes plunger at least 1/4" (2-4 times).

Phase VII: **T** will state the command, "Rub your hands together, **S**."

S will touch palms of hands together.

S will touch inside of fingers together.

S will touch palms of hands and inside of fingers together at the same time.

S will rub palms of hands together no less than 3 times and no more than 10 times.

Phase VIII: **S** will touch back of left hand with palm of right hand.

S will touch back of fingers on left hand with palm of right hand.

Phase IX: **S** will repeat Phase VIII for right hand touching with left hand.

Phase X: **S** will rub palm of right hand over back of left hand and left fingers no less than 3 and no more than 10 times.

S will rub palm of left hand over back of right hand and right fingers no less than 3 and no more than 10 times.

Phase XI: **T** will state the command, "Rinse your hands, **S**."

S will repeat Phase III (most to least difficult).

S will repeat Phase IV (most to least difficult).

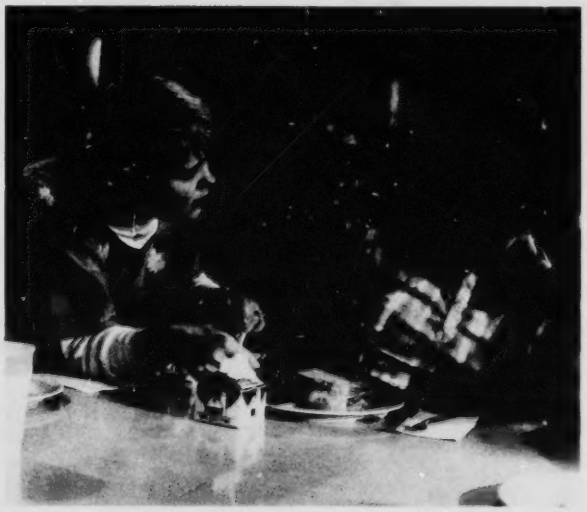
Phase XII: **T** will state the command, "Get a paper towel, **S**."

S will touch paper towel hanging from towel dispenser.

S will grasp hanging paper towel between thumb and finger(s) of preferred hand.

S will pull paper towel with enough force to completely remove towel from dispenser.

S will repeat previous step no more than two additional times.



Phase XIII: **T** will state the command, "Dry your hands, **S**."

S will rub paper towel(s) between palms of hands no less than 3 and no more than 10 times.

S will grasp paper towel with right hand and rub over back of hands and fingers of left hand no less than 3 and no more than 10 times.

S will repeat previous step for drying right hand.

Phase XIV: **T** will state the command, "Put the paper towel in the wastebasket, **S**."

S will extend preferred hand and touch lid of wastebasket.

S will push lid of wastebasket far enough to move lid at least 4".

Phase XV: **S** will maintain grasping paper towel (preferred hand) during lid touching.

S will maintain grasping paper towel (preferred hand) during lid pushing.

Phase XVI: **S** will extend fingers and thumb after grasping.

S will extend fingers and thumb after lid has been moved at least 4".

Phase XVII: **S** will pull hands back beyond rim of wastebasket after extending fingers and thumbs.

You probably never thought about how many steps were involved in doing a simple task like washing your hands. However, a profoundly retarded person has to learn these steps one at a time before he can do them all at once. The task analysis approach requires the teacher to analyze exactly what is involved in doing a complex behavior like the washing of hands. Each of the steps are "chained" together until the child is able to perform the entire sequence. So the task analysis approach is a good one to use with these students. It also helps the teacher measure the progress the child is making in acquiring a skill.

The following is a checklist to use in evaluating teaching methods (an affirmative answer is good):

	Yes	No
• Is each of the learning objectives clearly specified?	____	____
• Are the learning objectives broken down into steps and/or phases?	____	____
• Is there a clear plan for teaching each skill?	____	____
• Is a method for monitoring progress specified?	____	____

How should student progress be monitored and recorded?

As mentioned in the previous section, the teacher should establish a process for monitoring every student's educational program. This process usually involves some kind of daily record keeping of every learning objective in the student's program. At first, it may look like an overwhelming task. However, information of this type can be easily obtained if the teacher develops a simple recording form. A number of data-gathering forms have been developed for monitoring student progress, and can be easily adapted by a teacher. Some teachers prefer to make up their own. Whichever option the teacher chooses, there are a number of things that these data-gathering forms should have in common. They should specify:

1. **the learning objective** (e.g., wetting, soaping, washing, rinsing, and drying of hands and disposing of paper towel upon command);
2. **the step or phase being worked on** (e.g., turning on water);
3. **the information regarding the child's ability to perform the task prior to instruction** (baseline data). For example, prior to instructing the child on the different ways to turn on the water faucet, it is important to find out if the child already knows how to do it. For this reason the teacher will ask the child to turn on the water before instruction begins; and
4. **the number of trials (or times) the child attempts each phase.** Under each trial number should be an indication of whether the child successfully or unsuccessfully completes the trial. A plus (+) or minus (−) or other simple code can be used.

Following are forms developed for recording our friend David's progress in learning the task of washing his hands (the skill used to illustrate task analysis in the previous section).

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SUMMARY DATA SHEET

Student: David

Behavior: Wetting, soaping, washing, rinsing and drying hands

	Phase	Date Initiated	Date Criterion Reached	Comments
I.	Standing at sink	Sept. 1	Sept. 1	
II.	Turning on water	Sept. 2	Sept. 7	
III.	Wetting left hand	Sept. 3	Sept. 17	
IV.	Wetting right hand	Sept. 18	Sept. 22	
V.	Soaping preferred hand	Sept. 22	Sept. 24	
VI.	Soaping non-preferred hand	Sept. 24	Sept. 27	
VII.	Washing palms	Sept. 28	Sept. 30	
VIII.	Soaping back of left hand	Oct. 1	Oct. 5	
IX.	Soaping back of right hand	Oct. 6	Oct. 8	
X.	Washing backs of hands	Oct. 11	Oct. 12	
XI.	Rinsing hands	Oct. 13		
XII.	Getting towel			
XIII.	Drying hand			
XIV.	Opening wastebasket lid			
XV.	Pushing towel into wastebasket			
XVI.	Releasing towel			
XVII.	Withdrawing hand from wastebasket			

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DAILY DATA SHEET

Student: David

Behavior: Washing, soaping, rinsing and drying hands

		Trials												
Date	Phase	B*	B	1	2	3	4	5	6	7	8	9	10	Comments
Oct 6	IX	−	−	−	−	−	+							
Oct 7	IX			−	+	+	−							
Oct 8	IX			+	+	+	+							Criterion of 4 correct trials reached.
Oct 11	X	−	−	−	+	+	−							
Oct 12	X			+	+	+	+							Criterion reached.
Oct 13	XI	−	−	−										
														*Baseline

Looking at the summary form, notice that the date on which David began each phase has been recorded. In addition, the date that criterion was reached (criterion refers to the point in the teaching process at which the student has performed with success a number of consecutive trials) has been written down. David completed phase X on October 12. Instruction on phase XI is in progress.

In addition to a summary data sheet, David's teacher has kept a daily data sheet. On this form, he has recorded David's response on each trial. The teacher has chosen a criterion level of four correct trials in a row. In other words, when David has successfully completed four trials in a row, the teacher moves to the next phase. David has just completed phase X, "washing backs of hands." Notice that he performed unsuccessfully on the baseline trials (Oct. 11). The first trial after instruction was also unsuccessful. However, on the second trial David succeeded. He also completed correctly trial 3 on the first day of instruction. On Oct. 12 he successfully completed trials 1, 2, 3 and 4. He then moved on to phase XI, "rinsing of hands." He performed unsuccessfully on the baseline trial and on trial I. Each time David is asked to complete a phase, he is expected to perform all the phases leading up to that one. So, David will be expected to perform without assistance phases I-X before he is tested on phase XI.

Parents should be asked to monitor their child's progress at home with whatever form the teacher uses at school. Because of their active involvement in the development of the child's educational plan, they are aware of what behaviors he is being taught at school. Prior to teaching the student a new skill, it is helpful for the teacher to supply the parents with copies of his task analysis and recording form on that skill. This allows the parent to record the behaviors at home in a form similar to what is being used at school. This simplifies the reporting of progress between the parents and the teachers.

When a student's progress is monitored on a daily basis, data about the child can accumulate quickly. Therefore, the parents and teacher should share progress reports with each other at least on a weekly basis. They can accomplish this through person-to-person conferences or telephone discussions.

Weekly conferences at school are sometimes difficult for parents to attend. They may work during school hours or not be able to find a babysitter to stay with the other children at home. The telephone, although not as effective, may be a better alternative in these cases.

If the parents don't have ready access to a telephone, written communication may become necessary. Notes can be sent home either with the student or another member of the family (sister or brother). There are weaknesses in written communication, too. Questions that the messages may raise cannot be answered quickly. And, of course, the notes may never make it to their destination.

While these methods of communicating between parents and teacher may be necessary in order to maintain frequent sharing of progress information, they should not replace home visits. The teacher should visit in each student's home on a regular basis. The parent-trainer (see p. 38) may want to accompany the teacher on these visits. When the parents, teacher and home-trainer are able to meet, the work of this important "team" is strengthened.

School authorities should provide time for the teacher to do this type of visitation. If the appointment with the parents must be scheduled either after school hours or on weekends, the school should arrange for release time for the teacher during weekday hours after students have gone home. In this way, the teacher can be compensated for his time. During a progress report, the parents and teacher should exchange information on what progress they have seen the child make on each learning objective. They should also discuss what teaching techniques or strategies are working for the student. Problems should be analyzed and solutions should be developed. Future plans should be discussed. What is the next step? Should the educational program be modified in any way?

The following is a checklist to use in evaluating the methods a teacher uses in monitoring a student's progress (an affirmative answer is good):

	Yes	No
1. Does the teacher record daily the student's progress made on every learning objective in the educational program?	____	____
2. Does the data-gathering form clearly specify the learning objective?	____	____
3. Is the student's performance on each trial recorded?	____	____
4. Has the teacher established a criterion level which indicates when the child can move to the next step?	____	____
5. Have the teacher and parents worked out some method of communicating progress reports with each other on at least a weekly basis?	____	____

When should educational programs for severely and profoundly retarded students begin and end?

> Greg was fifteen years old before he moved into the Grover Heights Public School District. He came from a city that did not provide public education for severely retarded children. The private schools in the area had been too expensive. So for fifteen years, Greg had had no formal schooling at all. He was not totally toilet trained. Most of his communication was made through grunts and gestures.
>
> The Grover Heights School District did the best it could for Greg. His teachers were able to teach him to feed and dress himself. And he was beginning to learn how to say a few words . . . but he had matured to the magic age of twenty-one, when the public school system would teach him no more.

Education is a life-long experience. It begins the moment an infant is born and continues on through life. This is true for all of us; severely and profoundly retarded people are no exception. There are some theories that suggest we begin learning even before birth. Although Greg's story is an extreme case, it points out the acute need for life-long educational programming for every handicapped individual.

The majority of states do not, at this time, have school services for either very young children or adults past the traditional maximum age of twenty-one or twenty-two. Some states begin providing services at three years of age. However, these services are usually provided on a permissive rather than mandatory basis. This means that only an extremely small portion of very young severely and profoundly retarded children is enrolled in publicly supported early education classes in our country. At the other end of the spectrum, the public school's responsibility for serving handicapped adults usually ends at twenty-one years of age in most states. Other community-based services (vocational rehabilitation programs, sheltered living-learning facilities, sheltered workshops, etc.), if they exist, are supposed to assume responsibility upon graduation of these students.

In reality, the life-long educational needs of severely handicapped individuals are not being adequately met in most communities. The entity most qualified to meet these needs — the public school system — is not assuming its responsibility. The reason

for this in most states is the lack of legislation which would provide public schools incentive and at least partial funding to administer educational programs for infants, young children, and adults over the age of twenty-one. This legislation needs to be passed. It is up to you to mount an organized state-wide effort to force your state legislature into action. Here are some suggested steps to follow in accomplishing this goal:

1. Contact your local and state Associations for Retarded Citizens and enlist their support.
2. Form committees both at the local and state level to review current legislation and to gather information which documents the need for early education and continuing education services for severely and profoundly retarded students. Encourage experts in the fields of child development, special education, adult education, etc., to become members of the committees. They can be very helpful in drafting position papers which include summaries of recent research that **clearly** establish the need for early and continuing education programs for severely handicapped students.
3. Obtain copies of the state education legislation, regulations and codes. You may get copies of these by writing your state education agency (see Appendix A for addresses).
   Examine these documents for the following provisions:
   - What are the minimum and maximum ages for children to be eligible for public school educational programs? There should be no minimum and maximum age eligibility. Instead, educational programs should begin and end depending on the student's needs.
   - Are programs for children below regular school age (if they exist) provided on a permissive or mandatory basis? Mandatory attendance means the public schools must provide classes, and students, in turn, must attend.
   - Is there a provision that establishes that it is the school's responsibility to provide continuing educational programs for severely handicapped adults? If the school itself is not responsible for providing programs, then it should be held responsible for coordinating community services that do.
4. Obtain the names of state legislators who are members of the educational subcommittee. Actively seek their support and the Governor's by:
   - Presenting model legislation that contains provisions for early childhood and continuing educational programs in the public school system.
   - Providing them with the documentation you have prepared that clearly stresses the need for this kind of educational programming.
5. Enlist the cooperation of other special interest groups who share your concern for the education of handicapped individuals (such as the state and local chapters of United Cerebral Palsy Associations, Inc.; Council for Exceptional Children; Epilepsy Foundation of America; etc.). They may assist in the drafting of proposed legislation.
6. Contact leading officials of your state education agency early in your campaign. Win their support, as they will be responsible for implementing the legislation once it is enacted.
7. Be prepared to educate the public and to conduct telephone and letter-writing campaigns. Make presentations to all interested groups.
8. Organize press conferences at the time legislation is being introduced. Be prepared to make statements or provide testimony at legislative hearings.

Inevitably, you will be asked where the money will come from to pay for early childhood and continuing educational programming. Be aware of the fact that the federal Education for All Handicapped Children Act contains a preschool incentive grant provision. Its purpose is to encourage states to develop preschool education programs for handicapped children by providing the states with $300 per child additional money for any preschool age children enrolled in state public school systems. Through this grant provision will come at least a portion of the monies needed to establish early childhood educational programming in your state.

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What should the basic components of a public school parent training program be?

Robert and Jane Folsolm lay on their bed looking up at the ceiling. Both felt that they had reached the bitter end. The last few months had been filled with hope, then disappointment, and finally deep depression. It all began when their severely retarded child, Mimie, had been enrolled in public school for the first time. They had been eager to watch Mimie learn how to dress herself, improve in her eating habits, and maybe even learn how to make a complete sentence. But Mimie made little progress. They had tried to work with her at home, using teaching techniques that their parents had used with them. But it was no use. This morning, they had had a conference with the principal of the school. They asked him if they could get some kind of training to help them work with Mimie at home. The principal told them that there were techniques they could learn, but the school district didn't offer any kind of parent training. "You'll just have to do the best you can," he said.

Research has proven that what a severely or profoundly retarded child learns at school must be reinforced at home to be of value. However, most parents lack the technical know-how necessary to teach their handicapped child even the most basic skills like eating and toileting.

The problem is enhanced by the fact that the majority of teachers in our country do not know how to teach parents these technical skills. Many colleges and universities are beginning to respond to this dilemma by including course work in their teacher preparation programs that specifically deals with parent training. However, this does not solve the problem for teachers who are already working and desperately need to know how to train the parents of their students.

Public schools may need to provide educational programs for parents. The first step to take in this direction should be to recruit highly skilled professional staff members to be responsible for conducting these programs. They should be knowledgeable in methods of working with parents, basic child development, and basic behavior modification techniques. An adequate number of professional staff should be hired. One staff member per ten severely and profoundly retarded students is a good ratio to establish and maintain.

Although the focus of a training program should be on the parents, it should also include some training for the teachers. They need to know how to work with the parents of their students. By having both parties attend the same sessions, close cooperative relationships can be established.

Prior to beginning a parent training program, a school system should conduct a "parent find," which can be very similar to a child find (discussed earlier in this book). The methods used by either recruitment campaign are very much the same. Three groups of parents should be sought after in a parent find — those of infants and preschool children, those of students already enrolled in school and those of mentally retarded adults. Possibly the best source of information regarding the names of adults in need of parent training are obstetricians and pediatricians. These professionals are usually the first to come in contact with parents of severely and profoundly retarded children and should be informed about a school system's parent find program.

Once the staff and parents have been found, a school system is ready to begin its parent training program. Behavior modification techniques can be effectively taught in small groups. During these sessions, parents should be given materials that clearly explain the basic concepts of behavior modification. A number of good books written specifically for parents have already been published in this area. They can be used as basic texts for the classes. In addition to lectures, demonstrations of behavior modification techniques should be given. It is often effective to show video tapes of teachers actually using behavior modification techniques in the classroom. Discussions after the showings often clarify the information for the parents.

In addition to group sessions, the training program should provide one-to-one contact with parents in the home. The trainer should go into the home, demonstrate how to use various techniques with the child, and then observe the parents as they try to apply these methods. After his observations, the trainer can tell the parents what they can do to improve. These one-to-one sessions help parents remember how to do skills they've learned in the small groups. A trainer should visit a home at least once a month. During the early stages of training, more frequent visits may be necessary. The student's teacher (when possible) should attend home visits.

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Just as the teacher in the classroom must have learning objectives and plans for his students, so must the trainers have learning objectives for parents in the training program. These objectives should be written down in behavioral terms and be discussed with the parents. In this way, everyone involved knows what to expect. Teaching techniques to be employed should also be specified in writing although they can be modified according to the needs of the trainees. In addition, there must be some procedure for evaluating the effectiveness of the teaching techniques. Data needs to be taken on the progress each parent makes.

Feedback is important in any learning situation. Parents need to know more than whether or not they are using a technique correctly. They need to be shown specifically what they can do to work more effectively with their child. If a technique can be modified to get better results, they need to know what to change. Video taping parents as they work with a student and playing the tape back to them on television has proven to be very helpful.

It should be part of the duties of a parent trainer to help parents cope with crisis situations in the home. If the parents are having particular difficulty with the child, the trainer should make himself available to the parent at the time of greatest need. This may involve going into the home, observing the problem, and working with the parents to develop a program to deal with it.

Parent training programs are a vital element in the overall education of severely and profoundly retarded students. Since the public schools have the major responsibility for educating these children, it is appropriate for the schools to assume responsibility for parent training. Unfortunately, at the present time, there are very few structured parent training programs. What can be done to correct this situation? Here are some suggestions you may find helpful:

- Document the need for parent training programs (see Appendix C for resources). Enlist the help of other parents of severely handicapped children. You should also contact associations which advocate for handicapped children. It might be advantageous to have these associations sign a petition and send representatives with you when contacting the school.
- Contact the school superintendent's office and ask for an appointment with the superintendent. Inform the secretary that you want to talk about parent training. At the meeting, present the superintendent with the information you have found that documents the need for parent training.
- Be prepared to contact members of your local school board, since a hearing before the board of education may be necessary. If a hearing is held, have representatives of other advocacy associations help you present arguments for parent training programs.
- Contact your local classroom teacher association. Enlist their help. They often have a strong voice in determining what training programs are implemented in a school district.

CHAPTER

3

Residential Institutions: Special Considerations

Not all severely or profoundly retarded children live at home and attend public school in the community. Many live in residential institutions, where they have the same "right to education" as any child living at home. Everything mentioned so far in these booklets concerning educational programming for severely and profoundly retarded students is applicable to programming in the institution. Therefore, severely and profoundly mentally retarded students living in a residential facility have the *right* to:

- an individualized educational program appropriate to their needs;
- programming in the "least restrictive environment" possible for the individual;
- "due process" assurances;
- placement decisions based on informal and formal evaluations with input from the student's parents; and
- periodic review of the appropriateness of the educational plan, again with parental input.

There are, however, some special problems. These problems occur primarily in the areas of staff development and parent involvement. However, the fact that the students live in a 24-hour-a-day facility raises additional issues regarding placement and programming. The relatively new federal Education for All Handicapped Children Act may also present some complications in providing educational programming for children residing in institutions.

In this chapter, the unique problems of conducting appropriate educational programs for mentally retarded children in institutions will be explored, along with the possible effects the Education for All Handicapped Children Act may have on educational programming in these settings.

Placement

Many of the residential institutions existing today were built during times when the public was either trying to protect mentally retarded people from society or vice versa. That is why institutions were located in isolated areas and designed to be self-contained communities with their own hospitals, schools, parks, etc. Although the public's attitudes about mental retardation have changed, many institutions remain isolated and "self-sufficient." They often duplicate rather than utilize community services in nearby towns or cities. This presents a problem when the principle that students should learn in the "least restrictive," or most normal, environment possible is applied. For many mentally retarded students, the least restrictive environment may be a public school in the nearby town or city. When an institution already has a school on its premises, there is a built-in inertia to keep the child on campus, rather than send him away to the nearest public school. However, conscientious institutional personnel will work aggressively to place their residents in public schools in the community, whenever possible. The best interest of the student should always come before that of the institution.

There are some instances when residential institutions are so isolated that all residents have to attend school on the grounds of the institution. This may also be necessary when an institution is located near communities that lack adequate school programs for mentally retarded students. In these situations, severely and profoundly retarded children living in the community may also have to attend the institution's school. Of course, this is not a very desirable alternative. It means that the residents cannot have the opportunity to interact with their non-handicapped peers.

Whenever this type of situation exists, parents and other concerned citizens should apply pressure to the public schools in the community to accept their responsibility of educating severely and profoundly retarded children.

If you have ever visited or worked at an institution, you have probably seen some classes being held in the residential units. You may also have seen students placed in the institution's school facility for a limited number of hours per week. These are certainly less desirable alternatives in educational placement. They should be considered only when students are medically unable to attend classes elsewhere.

Residents should not be expelled from school programs because of behavior problems, nor should they be excluded because of an inability to adapt to curricula being taught in a school. Every child can learn. The curricula and teaching techniques should be modified for the individual.

Following is a checklist for evaluating the educational placement of mentally retarded students living in institutions (an affirmative answer is good):

	Yes	No
• Are students placed in the "least restrictive" learning environment possible?	___	___
• Are residents sent to public schools in the community whenever possible?	___	___
• Are students taught in living units only when they are medically unable to attend classes in school?	___	___

Educational Programming and Professional Staff in the Institution

> "The public education agency charged with overseeing community education programs should have the responsibility for the education of mentally retarded persons who are in residential care settings. Teachers within these facilities should be certified in their field of competency according to the same criteria employed in public school." — NARC Education Policy Statement, 1971

This policy statement was prompted by the poor educational programming that occurred in many residential facilities across the country in past decades. Minimum standards for public schools were frequently not required of schools in institutions. Unqualified people were hired to teach in them. Since the people were not well trained, they developed superficial and ineffective programs for residents. In addition, there were no carry-over programs for the residents when they returned to their living units.

These conditions still exist today in varying degrees in some residential facilities. However, responsible institutions should be operating differently. Every institution should hire highly trained, state certified teachers to work in their schools. Qualified multi-disciplinary teams of experts should be utilized to evaluate each resident formally and informally (discussed in Chapters 1 and 2). From these evaluations the teams should develop individual educational plans and programs for each resident. The plans should be written in language that is easily understood by the various levels of employees that work with the residents. The educational plans and programs should also be made available to all personnel who are involved in training the students.

A programming problem unique to the residential institution is that residents are under the care of the staff for twenty-four hours a day, whereas in the public school, students are under the supervision of school personnel for only 6 to 8 hours, after which parents take over responsibility for the child's educational program at home and in the community. The student's individual educational plan should be closely coordinated with his overall individual program plan (IPP), which contains information regarding the 24-hour-a-day programming for the resident. The individual educational plan is an important part of the IPP. However, it should not be considered all of it.

What is the relationship of the student's individual educational plan to his IPP? The Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Individuals defines the Individual Program Plan as follows:

> "The individual program plan is a written plan of intervention and action that is developed, and modified at frequent intervals, with the participation of all concerned. It specifies objectives and goals and identifies a continuum of development, outlining projected progressive steps and the developmental consequences of services."*

As indicated in the earlier discussion of the individual educational plan (p. 19), you will see that the IPP contains the same components as the resident's educational plan. You may also remember that the educational plan specified learning sequences for the child during the hours of the school day. Although it was stressed that this plan was to be expanded by activities of the parents and other family members in the home, this portion of the child's day was not included in the written plan.

In the IPP, the resident's program includes hours beyond the school day in which he should be involved in structured activities. The objectives for these activities, and the persons responsible for them, should also be contained in the IPP.

*Accreditation Council for Facilities for the Mentally Retarded. *Standards For Residential Facilities for the Mentally Retarded.* (Chicago, Illinois: Joint Commission on Accreditation of Hospitals, 1975).

Thus you can see that the educational plan specifies the activities of only a small portion of the resident's time (approximately six to seven hours). The IPP involves the activities of the entire day.

In the institution, primary responsibility for after-school educational programming often must be assumed by the direct care staff in each living unit. These staff members should be qualified and adequately trained in how to conduct the individual programs developed by the multi-disciplinary team (of which they should be members) that need to be carried out in the living units. Their primary responsibilities should be the care and development of each mentally retarded person under their supervision. They should teach their residents the self-help skills (toileting, cleanliness, etc.) that are necessary to live successfully in a home environment and in the community. "Dead time" should not be allowed in any program for more than one hour at a time. Provisions should be made so that the energies of the staff members are not diverted from their responsibilities by excessive housekeeping and clerical duties. Of course, adequate numbers of personnel should be hired to conduct the educational programs that have been planned for each resident.

An active and continuous communication between the educational staff and the living unit staff is vital. This is easier to maintain when the residents are educated on the campus. However, teachers in community-based public schools should visit the living unit and work with institutional staff on a regular basis. The same or similar type of responsibility for

coordinating home/school programs also applies when the "home" is a residential facility.

Professional and non-professional staff members should meet on a regular basis. At these meetings, staff members can share information on how well each resident is progressing. If an educational program is not working for a student, the team members can discuss what learning objectives or training techniques need to be modified.

During evaluation meetings, communication among the staff members on different working shifts is very critical. This is a way to guarantee continuity in the programming that each resident receives in the institution. While this type of communication is critical, these meetings do not occur frequently enough to maintain the level of communication needed. More efforts must be made. For instance, daily training activities and progress can be discussed between staff members as they begin their shifts each day. In other words, when John Burke, supervisor of Living Unit Six, ends his shift for the day he should review with the staff member coming on duty what has been done with each resident. Then, that employee can pick up where John left off. Maintaining records of each resident's progress is also necessary in keeping track of the different programs going on in a living unit.

In-service training or staff development should be required for all levels of employees who have any contact with mentally retarded individuals living in the institution. The focus of the training should be on content areas that are directly related to educational programming (e.g., child development and teaching techniques). Staff development should be a continuous process rather than an activity that takes place only during the first few months of employment. It should also change from time to time, according to the needs of the staff and residents. For example, instead of teaching basic behavior modification techniques to the same people year after year, new innovations in these and other programming strategies should be presented.

The ultimate test of the effectiveness of any in-service training should be the progress of the residents. When they are not benefitting from the staff development, it should be modified. Administrative staff need to critically review staff training efforts. It might be that staff members are not using the new procedures they have learned. The new procedures may not really be appropriate for the residents. Whatever the case, modification should be made.

Hopefully, the orientation of large, multipurpose residential facilities is beginning to change. Rather than regarding each retarded person as a permanent guest of the institution, staff members are beginning to focus their energies towards helping the resident develop to his full potential and outgrow his need for a sheltered environment.

Below is a checklist that can be used to evaluate the educational programming being conducted in an institution and the staff who are responsible for administering it (an affirmative answer is good):

	Yes	No
• Are teachers working in the institution's school certified by the state education agency?	____	____
• Does the institution's school meet the state's minimum standards?	____	____
• Are residents evaluated informally and formally by a multidisciplinary team of qualified experts?	____	____
• Is there a 24-hour individual program plan (IPP) for each resident?	____	____
• Are individual program plans written in language that is easily understood?	____	____
• Is there an individual educational plan for each student?	____	____
• Does the educational plan meet the criteria listed in the checklist on p. 28 of this booklet?	____	____
• Are skills taught in the living unit relevant to learning how to get along in the home and the community?	____	____
• Are direct care staff qualified and adequately trained in how to conduct educational programs of the residents?	____	____
• Is there enough personnel available to carry out the necessary programs required by the residents?	____	____
• Are housekeeping and clerical duties kept to a minimum for staff who are involved in training residents?	____	____
• Are professional and non-professional staff required to meet on a regular basis to evaluate resident progress and modify programming?	____	____
• Are inter-shift meetings held to ensure continuity in living unit training programs?	____	____
• Is there coordination between the educational staff and the living unit staff?	____	____
• Are records kept on each resident's progress?	____	____
• Are professional staff actively involved in resident programming?	____	____
• Is participation in in-service training a requirement for all employees who have contact with the students?	____	____
• Is staff development a continuous activity for employees?	____	____
• Is in-service training evaluated on how well it improves the progress of the residents?	____	____

How Can Parents Be Involved?

Even though parent involvement is considered critical in the education of severely handicapped students, parents are rarely encouraged to participate in important decision-making for their child, once he has been admitted to an institution. Even a decision as to whether or not a child is ready to return to his home is sometimes discussed without the parent's presence. Parents are allowed to serve as volunteers but only in peripheral activities like letter writing, taking residents on walks, giving parties, etc. They are usually asked not to work directly with their own child.

Many parents of children living in institutions have not insisted on being involved in their child's programming. They are sometimes afraid to "rock the boat" for fear that their child might be discharged from the facility. Some parents visit their youngster less and less frequently because they may feel guilty about having to place him in an institution. Visits make them relive the pain of separation from their child. They may also feel guilty because they see the inadequacies of the residential facility. It is painful to admit that your child is living in a place that is not what it should be.

Distance is another barrier that prevents parent participation. The farther away parents live from an institution, the more difficult it is to get involved. Despite all these barriers, parents need to know that they have the right to participate in their child's education —to correct inadequacies in residential institutions

without fear of having their child dismissed.

As in public schools, parents must play an active role in planning, implementing and evaluating their child's educational program. Parents should be encouraged to participate in team meetings in which educational decisions are made about their child. Efforts also should be made to have parents make frequent visits to the classroom and observe their child's program. Once a program is underway, administrators of an institution should keep the parents informed of the student's progress by sending frequent progress reports and encouraging parent conferences.

Parents have the right to review any records kept on their youngster. If any technical information is present in the records, they have the right to have it interpreted to them in terms they can understand. If they disagree with any of the information, they can challenge it. Administrators should inform parents of these rights and encourage them to exercise them.

Parent volunteers should be asked to serve in institutions in a valuable and constructive way. For instance, they can aid in psychological testing, speech therapy, and other training exercises. Of course, most parents need special training before they can assist in these activities. Institutions should provide this type of parent training. Volunteers can still participate in less critical areas (letter writing, sewing, taking residents for walks, etc.), but their primary energies should be used in more meaningful ways.

Parent groups should also play a significant role in the institution. They can still perform duties like giving parties, decorating dorms, promoting fundraising, etc. However, they need to be involved in the management and program planning of living units. They should also take part in an institution's overall plans, programs and budgets on an immediate and long-range basis. It is important to remember that parents and volunteers *must not* be used as substitutes for an adequate number of professional and non-professional staff. There must be sufficiently paid staff available to carry out training functions.

What Effect Will The Education For All Handicapped Children Act Have On School Programs Within The Residential Facility?

Many of the recommendations for educational programming in residential institutions, which have been mentioned so far, are required by law under the Education for All Handicapped Children Act. Following is a summary of the requirements under this law:

- The state education agency must assume at least general supervision of the educational programs within institutions. These programs must meet the same standards as other educational programs.
- Institutional educational programs should be conducted in the "least restrictive environment."
- Every school age child residing in an institution must have an individual educational plan and program.
- Institutionalized retarded children and their parents have the same right to "due process" as do children living in the community.
- Children living in an institution have the right to have someone represent their interests. This means that when parents or guardians of a child are either unknown or unavailable, a surrogate parent should be assigned to advocate for the individual child's rights. This surrogate may not be an employee of any agency involved in the education or care of the particular child.
- Parents of children in institutions have the same rights as parents with handicapped children living in the home. These include:
  a. the right of appeal of educational decisions;
  b. the right to review all records; and
  c. the right to be involved in the formal and informal evaluations of their child, in the planning of his program, and in the monitoring on his progress.

The regulations of the law have just been published. However, the full extent of the Act on educational programming in residential institutions will not be fully realized for some time.

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Appendix B

50

Standardized Tests

Eventually, you will be faced with trying to understand the test scores of a handicapped child. So, it will be to your advantage to be familiar with what standardized tests are commonly used to evaluate a child's mental and social abilities. Keep in mind that most of these tests are limited in their usefulness in planning educational programs of severely and profoundly retarded students. However, they are required by law in most states and are generally useful in deciding how to classify students.

A standardized test is one in which the procedures, the materials used and the scoring of the test are always the same. This means that the test is administered in exactly the same way regardless of who the examiner is. Examiners are carefully trained in methods of administering standardized tests to ensure that the procedures are kept constant. Standardizing a test makes certain that everyone taking it is given the same amount of information, help, materials, etc. In this way, each individual has had the same opportunity to perform the tasks in the test. The individual's performance can then be objectively compared to the performance of others of the same age who have taken the test.

In the development of a standardized test, there is a point when the test must be administered to a number of individuals (a sample). These individuals are representative of the group of people the test is being designed for. The scores that these people make on the tests are used to establish "norms" or standards that reflect how a person of a given age should perform on the items of the test.

For example:

Assume that a test is being designed for white middle class children. A sample group is given the test. On one of the tasks, children are asked to put four large beads on a string. The majority of 2-1/2 year olds are not able to do it. However, the majority of 3 year olds are. This would place this bead stringing task at a three year old difficulty. Similar information is gathered on all items of the test and a set of age-related "norms" is established. This, then, enables the examiner to compare the performance of the individual being tested to the performance of the average person of the same age.

Standardized tests can be misused. Since they are designed for particular segments of the population and not the population as a whole, they should be given only to the individuals they are designed for. Otherwise, children can be misclassified. For instance, Spanish-speaking children will not score very high on a test designed for English-speaking children.

Another point that should be stressed is the limited value most standardized tests have when assessing severely or profoundly retarded students. It is important that educational programming for these people be based on what they can or cannot do as individuals. Comparing these students' scores to those of the average child will contribute little to developing their individual educational programs.

In discussions with evaluators, familiarity with the following terms will be helpful:

★ **Chronological Age (CA)** — A person's CA refers to his actual age, usually expressed in years and months at the time the testing occurred. It is derived by calculating the number of years plus the number of months between the time the person was born and the date of the testing session.

★ **Mental Age (MA)** — A person's MA is a measure of his current level of intellectual functioning. If a person has an MA of 2 years, it means that regardless of his chronological age he is functioning intellectually at the level of the average two year old of the population group for which the test was designed.

★ **Intelligence Quotient (IQ)** — Generally, the IQ is the expression of the comparison between the student's Mental Age and Chronological Age. The Mental Age is divided by the Chronological Age. Rather than being expressed in decimal points, the quotient is multiplied by 100. Thus, a child whose CA is 2 years and MA is also 2 years, will get a ratio IQ score of 100. $\frac{\text{MA 2 years}}{\text{CA 2 years}} \times 100 = (\text{IQ})\ 100$. IQ scores above and below 100 indicate that the student performed either above or below the level of the average person of the same chronological age for which the test was designed. This method of calculation forms the basis for other ways of deriving IQ scores. For example, the latest version of the Stanford-Binet uses the Deviation IQ score (DIQ) which is derived from a slightly more complicated mathematical formula. A DIQ makes it easier to compare a child's IQ score at different points in time.

★ **Adaptive Behavior** — The diagnosis of mental retardation is made on the basis of both measured intelligence and adaptive behavior. Adaptive behavior is measured by evaluating how the individual is

able to cope with his environment as compared to others of the same chronological age. It includes measures of personal independence, social responsibility, academic performance, and general development. When discussing the results of measures of adaptive behavior, the evaluator will report a *social* or *developmental age* instead of a mental age, and a *social* or *developmental quotient* rather than an IQ. Like the MA and IQ, these scores are obtained by comparing the student's performance with that of the average child of the same chronological age.

Now that you have some working knowledge of the terminology used in interpreting test results, here are descriptions of some of the most commonly used standardized tests:

Wechsler Scales — Possibly the most commonly used test for evaluating the intelligence of school age persons are the three tests in the Wechsler Series. They are called the Wechsler Preschool and Primary Scale of Intelligence (WPPSI) for students between the ages of 4 and 6-1/2; the Wechsler Intelligence Scale for Children (WISC) for students between the ages of 5 and 15 years, 11 months; and the Wechsler Adult Intelligence Scales (WAIS) for students from the age of 16 years and above. The Wechsler Scales measure a wide range of abilities, both verbal and performance. The results are expressed in three separate scores — a verbal IQ, a performance IQ, and a full scale or combination IQ.

Stanford-Binet Intelligence Scale — Possibly the best known of the standardized intelligence tests, the Stanford-Binet also measures a wide range of abilities, which include general comprehension, visual-motor ability, arithmetic reasoning, memory and concentration, vocabulary and verbal fluency, and judgment and reasoning. These abilities correspond to various mental ages and the resulting profile can be useful in identification of strengths and weaknesses of students. The Stanford-Binet is more appropriate for measuring the potential of severely or profoundly retarded individuals than the Wechsler Scales because it measures abilities down to the MA of 2 years.

CAUTION: The Wechsler Scales and the Stanford-Binet Scale are not designed for persons with physical handicaps. Therefore, only certain portions provide reliable information about the abilities of these children.

Peabody Picture Vocabulary Test — The "Peabody" is designed to measure verbal intelligence of persons between 2-1/2 and 18 years of age. It can be useful in assessing persons with physical handicaps since the only response required is an indication of which of four drawings is the appropriate answer.

Vineland Social Maturity Scale — The Vineland Social Maturity Scale is probably the most widely used test to measure adaptive behavior. It is a "third person" test administered by interviewing a person who is familiar with the student's abilities. The "third person" or "informant" is asked questions about what the child can do in the areas of self-help, locomotion, occupation, communication, self-direction and socialization. In the hands of the skilled examiner, information derived from this test can be very useful in the development of a program based on the child's individual level of functioning.

AAMD Adaptive Behavior Scale — The American Association on Mental Deficiency's Adaptive Behavior Scale is another commonly used test for measuring the adaptive behavior of mentally retarded students. Norms have been established for children in grades two through six. Like the Vineland, this "third person" test can be used to gain valuable information about the student's current level of functioning.

Other examples of tests used to measure social behavior are the Gesell Preliminary Behavior Inventory, the Cain-Levine Social Competency Scale, Balthazar Scales of Adaptive Behavior and Denver Developmental Scale.

Appendix C

Baldwin, V., Fredericks, H. D., & Brodsky, G. *Isn't it time he outgrew this? Or, a training program for parents of retarded children*. Springfield, Illinois: Charles C. Thomas, 1973.

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